



SOUTH AUSTRALIAN YARD DOG ASSOCIATION INC
RECIPRICOL MEMBERSHIP



Name:.....

Home State association

Member number:.....

Email:.....

Phone :.....

I agree to abide by the rules & code of Conduct of the South Australian Yard dog association inc .

I can provide proof if requested by the Committee or Convenors that my dog/dogs have their vaccinations for parvovirus, distemper & infectious hepatitis up to date .

Signature Date

Please email to the Treasurer: treasurersayarddogs@gmail.com