 ***SOUTH AUSTRALIAN YARD DOG ASSOCIATION INC***

 ***RECIPRICOL MEMBERSHIP 2025-2026***

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