



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: secretarysayarddogs@gmail.com