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Committee: Lee Mickan, Kim Dodson
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RECIPRICOL MEMBERSHIP for EOFY: 20

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 treasurersayarddogs@gmail.com