



New Zealand Flygility Dog Association Inc.

The Secretary: Debbie Nilsson, 34 Kinleith Way, Albany 0632, Auckland. Mob: 027 444 7099

Email: flygilitysec@gmail.com

MEMBERSHIP FORM

First Name _____ NZFDA No ____ / ____
Surname _____ Club _____
Address _____ Area _____

Phone No _____
Email _____

No	Dogs Full Name	Pet Name	Breed	Titles	Birth Date	Sex	Height
1							
2							
3							
4							
5							

The annual membership is for the period from 1st April to 31st March each year. Please make cheques payable to NZ Flygility Dog Association and post to the Secretary at the above address. Payments can also be made direct to the NZFDA bank account. Please include your membership number and surname in the bank details and please send in the completed membership form so membership details can be checked/updated..

Kiwibank 38-9012-0616807-00

Fees: Individual \$20.00 Paid On line
2nd Member (same family) \$10.00
All others (same family) Free

Signature _____ Date _____