

NOTIFICATION OF CHANGE OF OFFICE BEARERS AND/OR CLUB CONTACT INFORMATION <i>(Refer Dogs Victoria regulation 3.4.3.4)</i>			
Affiliate Name:			
Incorporation No:			
Affiliate Address:			
Affiliate Email:		Affiliate Phone:	
The following Office Bearers were elected at the _____ meeting held on: (Please attach copy of relevant minutes)			(Date)
PRESIDENT			
Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (please specify):			
First Name:		Last Name:	
Email Address:		Membership No:	
Address:		State:	Postcode:
Phone (H):	Phone (B):		Phone (M):
SECRETARY			
Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (please specify):			
First Name:		Last Name:	
Email Address:		Membership No:	
Address:		State:	Postcode:
Phone (H):	Phone (B):		Phone (M):
VICE PRESIDENT			
Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (please specify):			
First Name:		Last Name:	
Email Address:		Membership No:	
Address:		State:	Postcode:
Phone (H):	Phone (B):		Phone (M):
TREASURER			
Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (please specify):			
First Name:		Last Name:	
Email Address:		Membership No:	
Address:		State:	Postcode:
Phone (H):	Phone (B):		Phone (M):

t: 9788 2500

events@dogsvictoria.org.au

655 Westernport Hwy Skye, VICTORIA 3977

www.dogsvictoria.org.au

Updated 17062025