



NORTHERN SUBURBS DOG TRAINING CLUB INC.

MEMBERSHIP APPLICATION FORM

Name..... Date.....

Address.....

..... Postcode.....

Phone..... Email.....

Dog's Name..... Breed.....

Sex of dog...**M / F** Is the dog desexed? **Y / N** Age of dog.....

Is the dog fully vaccinated? **Y / N**

I/we hereby apply for Single/ Junior/ Pensioner/ Dual/ Family Membership of the Northern Suburbs Dog Training Club and pay the sum of \$.....

If applying for Junior membership (12-15 years), please give date of birth / /

Are you a member of Dogs NSW (formerly Royal NSW Canine Council)? **Y / N**

If yes, please provide your membership number

On acceptance of my application for membership of the Club, I hereby agree and acknowledge that attendance at all Club activities and training sessions is at my own risk and I will not hold the Club or its members liable for any personal injury or damage to property which I may suffer during such times.

Further, I agree to abide by Club rules.

Signature(s)

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Classes start at 3:00PM

Please present your application at 2:30PM on the day of enrolment to ensure you do not miss the start of your class.

VACCINATION SIGHTED (Club official to circle) **Y / N**