



Northern Suburbs Dog Training Club Inc

Jim Powell Pavillion St Ives Showground | www.nsdogtraining.org.au

MEMBERSHIP APPLICATION

- I want to apply to join NSDTC as
- An ordinary member joining June-December \$115
 - An ordinary member joining January-May \$60
 - A junior member (12-15 years) \$30
 - A pensioner member \$30
 - An instructor \$30
 - A management committee member \$30
 - A non-training member \$30 (with more than 7 years' membership)

The membership fee allows you to attend Obedience, Agility, Rally O and Dances with Dogs classes as many as you like (depending on your level of competency). You do not pay ground fees at each class.

| | | | | | | | | |
|---|------|---|---|---|-------|-----|--------------------------|-----|
| GIVEN NAME (s) | | | | FAMILY NAME | | | | |
| <input type="checkbox"/> A junior member of our family will be handling our dog <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">JUNIOR MEMBER GIVEN NAME</td> <td style="width: 40%; border: none;">DOB</td> </tr> </table> | | | | | | | JUNIOR MEMBER GIVEN NAME | DOB |
| JUNIOR MEMBER GIVEN NAME | DOB | | | | | | | |
| HOME ADDRESS | | | | | | | | |
| POSTCODE | | | | | | | | |
| HOME PHONE | | | | MOBILE | | | | |
| EMAIL ADDRESS | | | | | | | | |
| IN CASE OF EMERGENCY CONTACT NAME/TEL | | | | | | | | |
| FIRST DOG: | NAME | SEX | DESEXED | FULLY VACCINATED | BREED | AGE | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |
| SECOND DOG: | NAME | SEX | DESEXED | FULLY VACCINATED | BREED | AGE | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |
| Your second dog will cost an additional \$20. Third and subsequent dogs are free | | | | | | | | |
| ARE YOU A MEMBER OF DOGSNSW? <input type="checkbox"/> Y <input type="checkbox"/> N MEMBERSHIP NO. | | | | | | | | |
| PAYMENT \$ _____ Amount paid (Membership fee + extra dog if applicable) <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE Please make payable to Northern Suburbs Dog Training Club <input type="checkbox"/> DIRECT DEBIT Please pay at the table on Saturday afternoons <input type="checkbox"/> EFT - NSDTCclub BSB 032089 Acct No. 126297 Please use your FAMILY NAME as the reference <input type="checkbox"/> CREDIT CARD NAME ON CARD _____ EXPIRY DATE VISA/MASTERCARD NO. CCV | | | | | | | | |
| On acceptance of this application I/we agree that attendance at Club training sessions and activities is at our own risk and the Club or its members will not be held liable for any personal injury or damage to us or our property which may be suffered during such times. We acknowledge that images of us or our dog may appear in Club information and marketing materials - both print and electronic. I/we agree to abide by the Club's rules. | | | | | | | | |
| SIGNATURE | | | | | | | | |

SATURDAY 2.15-2.45PM Please bring your application form, your dog's full vaccination certificate, your student profile (you can download from our website or pick up at the Club) and your membership fee. **CLASSES START AT 3PM** so please be early as there is usually a queue to process applications.

FIRST DOG VACCINATION CERTIFICATE SIGHTED Y N
 SECOND DOG VACCINATION CERTIFICATE SIGHTED Y N CLUB OFFICIAL INITIALS