

| | | |
|---------------------------|------------|------------|
| Membership Name (Surname) | Home Phone | Work Phone |
|---------------------------|------------|------------|

Address: _____

Email Address: _____ Post Code _____

| | Title | Name | DOB (if < 16) | Occupation |
|---|-------|------|---------------|------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

| | Dog's Name | Breed | Sex | D.O.B | Preferred Training Day | Club use only. Vac Date |
|--|------------|-------|-----|-------|------------------------|-------------------------|
| | | | | / / | Sun/Tue | |
| | | | | / / | Sun/Tue | |
| | | | | / / | Sun/Tue | |

List any members over the age of 11 that are interested in dog training. Please note the Handler number next to the Dogs Name. Only members, over 16, and listed here will be entitled to vote at meetings. Please list at least one adult member.

TYPE OF MEMBERSHIP (circle) OBEDIENCE AGILITY FLYBALL

I agree to accept the responsibility for all actions of my dog whilst attending any event conducted by the members of the Tuggeranong Dog Training Club Inc. I understand that the Tuggeranong Dog Training Club Inc. or any of its officials do not accept any responsibility for any injury that is occasioned to any member of my family or my dog(s) and agree to indemnify them against any action at law. I agree to ensure that my dog(s) will be maintained under control, that they are immunised and will maintain immunisation whilst they are attending club activities. I further agree to abide by the rules and constitution of the club.

Signed (by Adult) **Date**.....
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Vikings Club member no (if applicable)

TDTC is supported by Vikings Club as part of Vikings' community assistance program. As part of its affiliation with Vikings, TDTC informs Vikings of the names & Vikings member numbers of all TDTC members who are also members of Vikings Club.

| | | | | | | | |
|------------------------|-------------------------|--|--|--|--|--|--|
| OFFICE USE ONLY | Receipt Number: | | | | | | |
| | Amount Received: | | | | | | |
| | Date of Receipt: | | | | | | |
| | Date of Joining: | | | | | | |

I enclose cheque / money order / credit card details for \$ _____

TDTC accepts Mastercard & Visa. Please complete the section below and sign

I authorise Tuggeranong Dog Training Club to debit
 (circle where applicable) Mastercard Visa
 Card number
 Name of cardholder
 Expiry date
 Amount of payment
 Signature Date

Cheques should be made payable to the **Tuggeranong Dog Training Club** and be sent to PO Box 1803, Tuggeranong ACT 2901. Cash accepted at the Club – please do not send cash through the mail.
Bank details for EFT payments: BSB 062914 Account 10112729