

METROPOLITAN MID-WEEK DOG TRAINING CLUB Inc.



(Affiliated with Dogs NSW)

APPLICATION FOR MEMBERSHIP

NEW MEMBER

MEMBERSHIP RENEWAL

I/We hereby apply to be admitted as Member/s of the Metropolitan Mid-Week Dog Training Club and in consideration of your acceptance of my/our application and admission as a Member. I/We hereby agree to observe and perform and in all respects, to conform and be bound by the Constitution and the Regulations for the time being of the Club.

I/We agree to pay the Member subscription as per the scale below, which is due 1st July each year.

- | | |
|---|---|
| <input type="checkbox"/> Single Membership \$25 | <input type="checkbox"/> Dual membership \$30 |
| <input type="checkbox"/> Initial Joining Fee \$25 | <input type="checkbox"/> Tracking \$15 |
| <input type="checkbox"/> Weekly ground fees \$4 | <input type="checkbox"/> Pensioner discount \$10 |
| <input type="checkbox"/> Beginners 4-Week Course (Includes Joining Fee, Membership & 4 Ground Fees) \$85 | |

OR:

- | | |
|--|--|
| <input type="checkbox"/> 12-monthly General Membership \$160
(includes Renewal & Ground Fees) | <input type="checkbox"/> 12-monthly Instructors Membership \$100
(includes Renewal & Ground Fees) |
|--|--|

Is your dog currently vaccinated against: Hepatitis Distemper
 Parvovirus Kennel Cough

(Office Use: Vaccination Certificate sighted by – please initial _____)

I/We indemnify the Club against any claim for damages for personal injury, however caused.

(Please print)

(Mr/Mrs/Ms) Surname _____ Given Name _____

ADDRESS _____

SUBURB _____ POSTCODE _____

PHONE _____ EMAIL _____

Are you a member of Dogs NSW? Yes No * If yes, Membership Number:

Is your dog registered with Dogs NSW? Yes No _____

BREED _____ PET NAME/s _____

SEX _____ D.O.B. _____

Date _____ Signature _____ Class _____

MMWDTC Inc. Postal Address: The Secretary, MMWDTC, Box 3055 18 Moore Avenue, WEST LINDFIELD, NSW 2070

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- EMAIL PawsAwhile Magazine: Email address _____
 I will COLLECT PawsAwhile Magazine
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