

MEMBERSHIP APPLICATION / RENEWAL		(Office Use only)	
Please Circle (NB - Includes up to 4 people residing at same address)		New / Returning	
Address: _____		Receipt No.	
Post Code: _____		M'ship. No.	
Phone: _____		Membership \$	
Mobile _____			
Email _____		Pensioner	
Emergency Contact _____		Instructor	
I am happy to help out with club activities. Yes / No		Van Staff	
Primary Handler:		Extra Dog/s	
Given Name: _____ Surname: _____		Agility	
Pensioner (CRN if applicable) _____		Other	
Additional Handler:		Total:	
Given Name: _____ Surname: _____		Vaccination	
Pensioner (CRN if applicable) _____ If Under 18 Year of Birth _____			
Additional Handler:			
Given Name: _____ Surname: _____			
Pensioner (CRN if applicable) _____ If Under 18 Year of Birth _____			
Can we provide your name, address and phone number to Better Pets and Gardens to join their rewards program, receive 10% discount on Advanced products and provide the club with sponsorship (see our Web Site for details) YES / NO			
Are you a member of the Canine Association of WA? (CAWA) Membership No _____			
DOG PARTICULARS			
	DOG 1	DOG 2	
Dog's Name			
Breed			
D.O.B. (or approx. age)			
Sex	Male / Female	Male / Female	
Cross Breed	Yes/ No	Yes/ No	
Sterilised	Yes/ No	Yes/ No	
Is this dog registered with CAWA?	Yes/ No	Yes/ No	
Training Required (please circle)	Obedience / Agility	Obedience / Agility	
Current Class (Renewals Only)			
Declaration <i>To the best of my knowledge and belief the dog/s named herein has/have been inoculated against Distemper, Hepatitis and Parvovirus and has/have not been exposed to the risk of any infectious diseases within seven weeks prior to the date of this application.</i>			
SIGNATURE: _____		DATE: _____	

NST&ODC is committed to the protection of your personal information and follows the National Privacy principles for the fair handling of Information.

So that we can provide services to you we ask for personal details like name, address and telephone number.

This is used to provide an address list for any club mail. Where authorization is provided, name, address and telephone number are provided to our sponsor, Better Pets and Gardens to automatically join their rewards program, provide you with 10% discount on Advance products and to attract additional sponsorship for the club.

WAIVER, ASSUMPTION OF RISK

1. I acknowledge that attendance at:
 - a) any dog training session;
 - b) any training brief;
 - c) any function of NST & ODC (Inc.);
 - d) the training grounds or surrounding area;may involve risk of injury or damage to:
 - e) myself;
 - f) others who may attend;
 - g) my or other dogs;
 - h) propertyeven when all due care and consideration is taken, and subject to clause 2 below, I assume this risk.
2. NST & ODC (Inc.) acknowledges and undertakes that it will exercise due care and skill in carrying out the services in conformity with its obligations under the Fair Trading Act.
3. In consideration of NST & ODC (Inc.) agreeing to provide services and in consideration of the premises:
 - a) Except in relation to the obligations of NST & ODC (Inc.), its volunteers, officers, members and agents (“the Dog Training Club”) from any liability whatsoever for any injury or damage resulting in any way, including as a result of negligence, and waive any rights I may have against the training organization arising from such injury or damage.
 - b) Except in relation to the obligations of NST & ODC (Inc.) under the Fair Trading Act, I indemnify the Dog Training Club against all claims which may arise from the Dog Training Club performing any of the services it provides.
4. I accept full responsibility when using any of the Club equipment with my dog.

I HAVE READ AND UNDERSTOOD THE ABOVE DOCUMENT.

Signature of Owner or Authorised Agent - (In case of a minor, a parent or legal guardian must sign).

Signature _____ Date ___ / ___ / ___

Name of Owner/s _____

Address _____

City _____ Post Code _____ Phone _____