

Swalecliffe & District Dog Training Society



APPLICATION FOR MEMBERSHIP/PUPPY COURSE

Data Protection

Your data is stored securely and shared only with the Kennel Club as and when required by their regulations.

PLEASE COMPLETE IN BLOCK CAPITALS

Date of Application Single/Joint Membership

Please Note: Joint Membership is for two people living at the same address.

Mr/Mrs/Miss/Ms Surname Forename

Address & Post Code.....
.....

Contact Number Email

Pet Name of Dog Breed

KC Registered Name of Dog

Age of Dog Date of Last Vaccination

Declaration

I declare the dog/dogs named above is/are not suffering from any infectious or contagious disease. I will not bring any dog that has contracted, or been knowingly exposed to any infectious or contagious disease during the previous 21 days, to any training venue used by the above Society. I agree to abide by the Rules of the Society and having been advised of the Risk Assessment, accept that I take part at my own risk.

Signature

Rules and Risk Assessment are displayed on the Notice Board. Copies are available on request.

Office Use Only

Membership/Puppy Course Fee Paid Cash/Cheque Date

Vaccination Certificate Seen – Yes/Pending

Transferred from Puppy Course to Full Membership – Date Fee paid

Renewed:-

Fee Paid Date Cash/Cheque/ Vaccination Certificate Seen – Yes/Pending

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Fee Paid Date Cash/Cheque Vaccination Certificate Seen – Yes/Pending

Details If Change of Dog

Name of Dog Breed

Age of Dog Date of Last Vaccination Certificate Seen – Yes/Pending