



Advanced Tracking Club of WA (Inc.) Membership **Application** Form

Please note that this form is for ATC WA membership applications for **scent work only** and all memberships are to be approved by ATC WA Committee. Once approved an invoice will be sent to you with bank payment details.

APPLICANT INFORMATION:

Scent Work Only:

Date of Application: _____ Your Date of Birth: _____ (Year Optional)

Name of Applicant: _____

Address: _____ Suburb _____ Postcode _____

Phone: (Home) _____ Mobile: _____

Email Address: _____

Medical Info: (Required) _____

Emergency Contact: (Name) _____ Phone: _____

Dogs West Registration No: _____ **(CAWA)** if a member

DOG/S INFORMATION:

1) Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Dogs West Registration No: _____

2) Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Dogs West Registration No: _____

3) Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Dogs West Registration No: _____

4) Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Dogs West Registration No: _____

Member Fees: (All fees are non-refundable) **Six Month Membership only:** (Jan 1st – June 30th)
Fees: Single Membership \$ 25.00 **Family Membership \$ 37.50**

TRAINING AGREEMENT AND UNDERSTANDING OF

- I understand that my participation in the activities of the ATC WA (Advanced Tracking Club of WA) is at my own risk.
- I will not hold ATC WA, it's officers, it's members, it's guests responsible for damage that my occur to my person or property as a result of the activities of ATC WA.
- I understand that it is my responsibility of provide my own insurance to cover any possible accidents, personal or motor vehicle, whilst training with ATC WA.
- I understand that it is my responsibility to have my dog/s registered with a local shire and their tags of registration and address must be attached to the dog/s when training.
- I understand that training offered to it's members may have additional fees and may be limited to number of entries available.

I accept and agree to all the above conditions:

Applicant's Signature: _____

Date: _____

RETURN THIS FORM TO: **membership@atc-wa.com**

Approval by ATC WA Committee: YES / NO Date: _____ INVOICE # _____