

* **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 #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAINING AGREEMENT AND UNDERSTANDING OF LIABILITY:**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Dog’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Sex: \_\_\_\_ Dogs West Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**

**APPLICANT INFORMATION:**

Tracking & Scent Work:

**Member Fees:** (All fees are non-refundable) Annual Membership: (Jan 1st – Dec 31)

**Fees:** Single Membership $ 50.00 Family Membership $ 75.00

**Advanced Tracking Club of WA (Inc.)**

**Membership Application Form**

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