



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

**Member Fees:** (All fees are non-refundable)

**Annual Membership:** (Due Jan 31<sup>st</sup> via Invoice)

**Fees:** Single Membership \$ 50.00 ☐

Family Membership \$ 75.00 ☐

## **EXISTING MEMBERS INFORMATION CONFIRMATION:**

This form is for safety & medical reasons,  
and it is ATC WA Duty of Care requirement.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Medical Info: (Required) \_\_\_\_\_

Emergency Contact: (Name) \_\_\_\_\_ Phone: \_\_\_\_\_

**Dogs West Membership No:** \_\_\_\_\_ (CAWA)

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

## **TRAINING AGREEMENT AND UNDERSTANDING OF LIABILITY:**

- 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:** [secretary@atc-wa.com](mailto:secretary@atc-wa.com)

**QUOTE INVOICE #** \_\_\_\_\_