



Illawarra Dog Training Club Inc.

affiliated with Dogs NSW Ltd

ABN: 39 185 699 315

Membership Category Please Select	Single	Family/Dual	Junior – Under 15 years (DOB)	Name 1.	Name 2.
ADDRESS			PERSONAL DETAILS		
Street:		First name:		Surname:	Membership #
Suburb:					
Postcode:					
Phone:					
Email:					
DETAILS of your DOG (s)					
Breed	Dog's name	Age	Microchipped? Y/N	Registered with Council? Y/N	Registered with Dogs NSW Y/N
GENERAL INFORMATION: Where did you hear about the Club? (Please Tick)					
Word of Mouth	Newspaper	Vet	Yellow Pages	Pet Shop	Internet
Drive By	Other: (Please Specify)				
DECLARATION:					
I/We hereby apply to become a member of the Illawarra Dog Training Club Inc. and in consideration of your acceptance of my/our application I/We hereby agree to observe, perform and in all respects, confirm and to be bound by the constitution and rules of the Club, as amended.					
I/We confirm that my/our dogs have been fully vaccinated against parvo-virus, distemper and all vaccinations are up to date.					
Signature:			Date:		
FOR CLUB USE ONLY:		Nominated By:	Seconded By:		
Members List:		Constitution	Receipt No:		

