

Blue Mountains Dog Training Club Inc.



Membership application form

P.O. Box 445, Katoomba NSW 2780

website : www.bmdtc.com

	<i>New membership</i>	<i>levy</i>	<i>total fee</i>
single	\$50.00 + Council levy	\$10.00	= \$60.00
dual/family	\$60.00 + Council levy	\$10.00	= \$70.00
pensioner	\$25.00 + Council levy	\$10.00	= \$35.00
pensioner family	\$30.00 + Council levy	\$10.00	= \$40.00
junior	\$25.00 + Council levy	\$10.00	= \$35.00
life member	n/a		

	<i>Renewal</i>	<i>levy</i>	<i>total fee</i>
	\$20.00 + Council levy	\$10.00	= \$30.00
	\$30.00 + Council levy	\$10.00	= \$40.00
	\$15.00 + Council levy	\$10.00	= \$25.00
	\$20.00 + Council levy	\$10.00	= \$30.00
	\$15.00 + Council levy	\$10.00	= \$25.00
			= \$1.00

Pensioner=

Junior Member =

Daily ground Fee =

Blue Mts Council levy =

Pensioner or Health Card holder

12 and under 18 years

\$3 each adult handler, \$2 each Junior handler, applies after the first session

surcharge of \$10 per membership per year.

*SINGLE MEMBERSHIP

mobile #.....phone #.....

Name:.....

address:.....postcode.....

email:..... DOGS NSW Membership #.....

*DUAL / FAMILY MEMBERSHIP

mobile #.....phone #.....

Name:.....

additional family members:.....

address:.....postcode.....

email:..... DOGS NSW Membership #.....

YOUR DOGS DETAILS

#1. dog's name.....breed?.....age:.....

#2 dog's name.....breed?.....age:.....

#3 dog's name.....breed?.....age:.....

**please turn over this page - read and sign the Membership Agreement*

In the event of Blue Mountains Dog Training Club Inc., (hereafter called the Club) accepting me as a member, in consideration of such acceptance, I agree:

1. I shall not hold the Club, the instructors, the committee or any other member of the Club liable for any injury caused to or suffered by me whilst undertaking training with the Club, partaking of any activity so organised by the Club or an activity that the Club is participating in regardless of how such injury may have been caused, nor will I make any claims against the Club, the Instructors or members for any such injuries or any loss I may suffer arising from such injuries.
2. That no dog brought by me for obedience training or any other activity run or organised by the Club, shall have undergone or be in the process of undergoing schutzhund or defence or protection training.
3. In the event of my contravening the previous clause, whether intentionally or negligently, I hereby indemnify the Club, the Instructors, the Committee or any other member of the Club against any loss and or damages; it or they may suffer or be held liable, for as a result of my contravention the previous clause.
4. I hereby give the Club permission to provide the Royal NSW Canine Council Ltd., my name and address and other information the Royal NSW Canine Council Ltd., request as part of this Club's annual return to the Royal NSW Canine Council Ltd. (This Club is an affiliate of the Royal NSW Canine Council Ltd and as such are required to furnish such information.)
5. On signing this form I hereby agree to abide by the Ground Rules (included in the New Members Manual and as may be amended from time to time), the Clubs Constitution, by laws, rules and policies. I will follow instructions from the Club Officers and Instructors in the pursuit of obedience training. I will pay ground fees at each training session I attend.
6. I understand this application for membership to the Club, requires-
 - a) full payment of application fees.
 - b) conditions of membership form signed & dated.
 - c) all your dogs who are attending class or are socialising at either venue during the year, are required to have their current vaccination certificates sighted by the table manager.
 - d) upon completion of all these requirements, your application will be presented to the committee.

print your name:

your signature:**date**.....

witness:.....**date**.....

office use only:

***VACCINATION CERTIFICATES**

#1. vaccination cert. sighted? **yes/no/pending** sighted by.....**date**.....

#2. vaccination cert. sighted? **yes/no/pending** sighted by.....**date**.....

#3. vaccination cert. sighted? **yes/no/pending** sighted by.....**date**.....

***Blackheath / Lawson**

***New member / Renewal**

***Single / Dual / Family / Pensioner / Pensioner family / Junior / Life Member**

receipt #..... **amount \$**..... **date**.....