

Coastal Community Dog Training Club Inc.: Membership Application/Renewal

Date: Membership No.....

Name:

Secondary name if Family membership:

Address:

Phone/Mobile number: E-mail:

Emergency Contact (Name, Phone No.):

Age Group	10-17yrs	18-25yrs	26-45yrs	46-60yrs	Over 60yrs
Please ✓					

Gender Identity	Female	Male	Non-Specific
Please ✓			

Do you have any medical conditions or impairments that our Instructors need to take into account during classes?
No / Yes (Please specify):

Where/ how did you find out about our club? **(Please circle any that apply)**

Website	Facebook	Instagram	Friend	Referral from another club	Pamphlet	Community event	Other (please comment):
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Dog's Pet Name	Pedigree name if applicable	Breed(s)	Dog's Date of Birth	Any previous training certificates or ANKC titles for this dog?

Does this dog(s) require assistance with any of these behaviours? **(Please circle any that apply)**

Aggression	Anxiety	Fear of other dogs	Fear of people	Jumping up or lunging	Continuous barking	Other (please comment):
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I/We the undersigned, agree to abide by the Constitution and Rules of CCDTC

Signature(s):.....

I/We agree to publication of photography/video of training and public activities undertaken at CCDTC

Signature(s):.....

FOR OFFICE USE ONLY

Titre testing results are accepted

Dog's Name	Vaccination Type & Date	Next Due	Class the dog will start training in (Puppy / New Dog / GD 1 / GD 2 FC 3 / FC 4 / T&OF / Adv-Trialling)

Membership Type:	Single	Family	Junior (10-17yrs)	Committee/ Instructor/ Honorary	Australian Pensioner	Life Member	Joining Fee (New members)
	\$65	\$80	\$50		\$50		\$25
50% from 1 July							

Fees Received	Amount: \$	Receipt No.	Reg. Officer Sign:
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Direct Deposit to: Account Name: Coastal Community Dog Training Club BSB:805-050 Acct No: 102 507 163