

THE ALTRINCHAM AND DISTRICT DOG TRAINING SOCIETY

APPLICATION FOR MEMBERSHIP – ONE DOG

ENTER DETAILS BELOW AND BRING WITH YOU TO REGISTER ON SUNDAY

Membership:	Single/Double	Forename:	Surname:	Age (>18)
First Member:	Mr/Mrs/Miss/Ms			
Second Member:	Mr/Mrs/Miss/Ms			
Address:				
	Postcode:		Tel. Number:	
Email address:				
Trained Before?:	Y/N	Where?:		
How did you hear about us?				
Who lives in House?:	No. of Adults:	No. of Children:	No. of Animals:	
Veterinary Surgeon:	Name:			
Dog:	Name:	Age now:	Breed:	Colour:
Dog/Bitch				
Source:	Breeder/ Rescue/ Private Home/ Other		Age Acquired:	
Inoculation Date:		Checked by:	Microchipped? Y/N	Checked by:
Problems:				

First Member: **Signature:** _____ **Date:**/...../.....

Second Member: **Signature:** _____ **Date:**/...../.....

Member Liability

Applicants/members must accept full liability to persons or property caused by themselves and/or their dogs and members are accepted on the basis of indemnifying The Altrincham and District Dog Training Society and its officers against all claims in respect thereof.

I have read the above and agree to accept liability.

First Member: **Signature:** _____ **Date:**/...../.....

Second Member: **Signature:** _____ **Date:**/...../.....

Gift Aid Declaration

I wish The Altrincham and District Dog Training Society (Registered Charity Number:702376) to treat the above donation as a Gift Aid Donation.

I confirm that I am a UK resident and I have paid income tax or capital gains tax at least equal to the gross amount of the donation (i.e. the donation before deduction of basic rate tax).

Signature: _____ **Date:**/.../.....

CERTIFICATE TO BE SIGNED BY PARENT OR GUARDIAN (if handler is under 18 years of age)

I, the undersigned, am the parent or guardian of the young person named in the form. The dog also referred to in the form is my property. I am quite satisfied that my child is capable of handling the said dog and I have no objection to my said child becoming a member of The Altrincham and District Dog Training Society. I accept full legal responsibility for any damage and injury, which may result.

Signature: _____ **Date:**/.../.....

Internal Use:	Must pay minimum £10 deposit before training can begin.			
Donation Received:	£	By Cash/cheque on:	Date:/ .../	By:
Balance to pay of:	£	Received on the:	Date:/ .../	By:
Further Actions:				