THE ALTRINCHAM & DISTRICT DOG TRAINING SOCIETY

<u>APPLICATION FOR MEMBERSHIP – TWO DOGS</u>

	ENTER DETAIL	LS BELOW AND BRING	WITH YOU TO REGIS	TER ON SUNDAY	
MEMBERSHIP:	SINGLE/DOUBLE	E Forename ↓	Surname ↓		AGE (<18)
First Member ⇒	Mr/Mrs/Miss/Ms				
Second Member ⇒	Mr/Mrs/Miss/Ms				
ADDRESS ⇒	***************************************	t ver den seder regionere en en des sedere en			en et en en et en
Postcode ⇒		Tel. Number ⇒		· · · · · · · · · · · · · · · · · · ·	
Trained Before? ⇒	Y/N Where	?			
How did you hear		Email			
about us?		22 B ACC 20 CO 2004			
	Adults ↓	Children ↓	Animals ↓		
House?					
	Name ⇒				
	Name ↓	Age Now ↓	Breed ↓	C	olour ↓
Dog / Bitch					
	Breeder/Rescue/Private Home/Other			Age Th	nen?
Inoculation Date ⇒		Checked by \Rightarrow		Microchi	pped?
Problems ⇒					
DOG(2)	Name ↓	Age↓	Breed ↓		olour ↓
Dog / Bitch	Ivaille V	Age V	Dieeu V	<u> </u>	oloui 🗸
	Breeder/Pesque/Pr	ivota Hama/Other		Age Th	
Inoculation Date ⇒	Breeder/Rescue/Private Home/Other Checked by ⇒		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		200000000000000000000000000000000000000
Problems ⇒		Checked by ->		Microchi	pped? Y/N
Floorenis ->					
First Member:	SIGNATURE: DATE:/				
Second Member:	SIGNATURE: DATE://				
Second Member.	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 & 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:					
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Second Member: SIGNATURE: DATE:					
Gift Aid Declaration					
I wish the Altrincham & District Dog Training Society (Registered Charity Number: 702376) to treat the above donation as 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.)					
donation before deduction	ii oi basic tate 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 & District Dog Training Society. I accept full legal responsibility for any damage and injury, which may result.					
SIGNATURE: DATE:/					
Internal Use	Must nav minimu	ım of £10 deposit before	training can begin		
Donation Received		Cash / Cheque on the	The same of the sa	Ву	
Balance to Pay of		ceived on the		By	

Further Actions