BAYSIDE COMPANION DOG TRAINING SCHOOL INC

A0034800K ABN 92 051 781 961
PO Box 291, Bentleigh, Vic, 3204

MEMBERSHIP APPLICATION

☐ New ☐ Change ☐ Renewal

NOTE: ALL APPLICANTS MUST BE 18 YEARS OR OLDER

APPLICANT'S LAST NAME *APPLICANT'S FIRST NAME*

.....

Address *Suburb* *Postcode*

.....

Email address *Mobile Phone Number*

.....

ADDITIONAL FAMILY MEMBERS PARTICIPATING IN TRAINING SESSIONS

	UNDER 18	UNDER 10 *
1		
2		
3		
4		

Office Use Only
Membership Type:
☐ **Single (18 years or over)**
☐ **Family**
☐ **Club Helper**

Receipt no:.....
Amount:.....
Nominated by:.....

I/We hereby apply for membership of the Bayside Companion Dog Training School (BCDTS) and, upon acceptance of my application: I/We hereby agree to observe, in all respects, the BCDTS Code of Behaviour, and all other BCDTS requirements, as outlined in the handouts received at the time of joining and from time to time whilst being a Member. I make this application on behalf of those named above. All the information provided here is true and correct.

As a result of applying to become a Member of the BCDTS I/We also acknowledge there are risks involved in bringing a dog in contact with other dogs, and in a person's participation in BCDTS functions & events including the risk of a dog contracting a communicable disease and the risk of physical injury arising from an altercation with another dog, the condition of the BCDTS premises and grounds, and a wide range of other factors. Whilst the BCDTS may take steps to reduce those risks, I/we acknowledge that BCDTS cannot and does not guarantee that they will be eliminated.

* I understand that it is a club rule that children must be 10 years of age or older before they can train a dog at the club. As parent/guardian of those children listed above, I undertake full responsibility for any accident, mishap or event occurring as a result of said children participating in club activities.

I/we agree that I/we will make no claim against the BCDTS or any Member, Officer or other person acting on behalf of or assisting the BCDTS and I/we will indemnify the BCDTS and those persons against any claim made by any person, in either case, in respect of or arising out of or in connection with any illness, injury or condition suffered by the dog(s) I/we bring to the BCDTS, or any such claimant, or in respect of any loss or damage incurred by me/us or any such claimant. This agreement and indemnity will apply even if the BCDTS or any other person acting on their behalf has been negligent in any way.

....

Applicant's Signature ***Print Name*** ***Date***

DOG 1
Name: .....
Breed: .....
Age: .....
(years & months)
Reg no: .....
☐ Vaccination sighted

DOG 2
Name: .....
Breed: .....
Age: .....
(years & months)
Reg no: .....
☐ Vaccination sighted

DOG 3
Name: .....
Breed: .....
Age: .....
(years & months)
Reg no: .....
☐ Vaccination sighted

NAME OF COUNCIL
☐ Bayside
☐ Kingston
☐ Glen Eira
☐ Port Phillip
☐ Other
.....

HOW DID YOU LEARN ABOUT THIS SCHOOL? PLEASE CIRCLE: VET / PUPPY SCHOOL / MEMBER / FRIEND / LIVE NEARBY / OTHER

PLEASE NOTE: MEMBERS NEED TO PROVIDE DETAILS OF ANY CHANGES WHEN THEY OCCUR. E.G. ADDITIONAL OR REPLACEMENT DOGS