



MEMBERSHIP FORM

PO Box 776
GOSNELLS WA 6990
Phone: 0413 349 903
Enquiries: enquiries@gosnellsdogclub.asn.au

MEMBERSHIP NO: _____

DATE JOINED/RENEWED: _____ Would you like your
Renewal to be sent via: Email: Post:

OWNER(S) NAME: _____

MAILING ADDRESS: _____

SUBURB: _____ POSTCODE: _____

TELEPHONE (HOME): _____ EMAIL: _____

DOG DETAILS:	DOG 1	DOG 2	DOG 3
Dog's Name:	_____	_____	_____
Breed:	_____	_____	_____
Sex:	_____	_____	_____
Date of Birth:	_____	_____	_____

PET INFORMATION

Is your dog on Medication Yes No

Last Vaccination Date _____

Is your dog microchipped Yes No

Is your dog registered with the council Yes No

Does your dog have behavior issues Yes No

Is your dog:

Sociable Yes No Protective Yes No

Aggressive to People Yes No Aggressive to Dogs Yes No

Quiet Yes No Confident Yes No

Excitable Yes No Unruly Yes No

Bold Yes No Stubborn Yes No

Other Yes No Please state: _____

TRAINING

Have you done any training? Yes No

If yes where?

Class Home Private

What type of training:

Obedience Agility Rally Herding DWD

Other: _____

How would you describe the training?

Reward Based Mostly Corrections Physical/Assertive

Other _____

IF YOU HAVE INDICATED A STUDENT OR PENSION YOU WILL BE REQUIRED TO PRODUCE THE APPROPRIATE CONCESSION CARD FOR PERUSAL BY THE MEMBERSHIP OFFICER.

YOU WILL ALSO NEED TO PRODUCE A VACCINATION CERTIFICATE FOR YOUR DOG(S) FOR PERUSAL BY THE MEMBERSHIP OFFICER.

The Gosnells Obedience Dog Club (Inc) wishes to advise all persons training on its training ground in the Lumen Christi College, that HANDLERS ARE PERSONNALLY LIABLE for their dogs at all times. That is to say that if your dog bites someone, causes injury to another animal, or wanders onto the road adjacent to the training ground, then the owner or handler NOT THE CLUB, is responsible in the event of any claim being made. In the event of injury to a person or another animal, handlers will be asked to appear before a review panel of Trainers and Committee members, to discuss what future action should be taken.

I HAVE READ, UNDERSTOOD AND AGREE TO THE CONDITIONS OF THE ABOVE DISCLAIMER, AND THE CLUB RULES AND AIMS AS ATTACHED TO THIS FORM.

Member(s) Signature:

_____ Date: _____

_____ Date: _____

TYPE OF MEMBERSHIP

New Single Family Country

Renewal Pension Student Trainer

Membership Fee: _____ Cheque Cash

OFFICE USE ONLY

Concession Card Sighted: Vaccination Card Sighted:

Membership No: _____ Receipt No: _____ Signature: _____ Date: _____