

LEICHHARDT



DOG TRAINING CLUB INC

Hawthorne Canal Reserve
Leichhardt

www.ldtc.com.au

MEMBERSHIP NUMBER _____

TO BE COMPLETED BY LDTC VOLUNTEER

Membership \$10 Each Dog \$5 TOTAL _____

VOLUNTEER _____

DATE _____ RECEIPT _____

CLUB MEMBERSHIP FORM

TO BE COMPLETED BY APPLICANT
PLEASE **PRINT** CLEARLY

MEMBER _____
SURNAME GIVEN NAME

DOG #1 _____ VACCINATION CERTIFICATE SEEN BY LDTC
NAME

DOG #2 _____ VACCINATION CERTIFICATE SEEN BY LDTC
NAME

ADDRESS _____
SUBURB POSTCODE

TELEPHONE _____ EMAIL _____

DECLARATION

I hereby apply to be admitted as a member of the Leichhardt Dog Training Club Inc ("The Club").
I declare that I am aged 12 years or over at this time to be eligible for membership.
I agree to conform to and be bound by the Constitution, Rules, Regulations &/or By-Laws for the time being of The Club.
I indemnify The Club, its members, visitors and the Leichhardt Council against claim for damages or injury in the course of The Club operations.

SIGNATURE _____ DATE _____