



Manukau Dog Training Club

Membership Application Form

Handlers Name: _____

Additional names for family members: _____

Address: _____

Ph: () _____ Mobile: () _____

Email: _____

Occupation: _____
(Mandatory requirement for Incorporated Societies)

Is this your first year's membership at Manukau Dog Training Club? Yes / No

If **No**, how many years have you been a member? _____

I have/will be participating in:

Social Obedience Competitive Obedience Agility Instructing

Other, please specify _____

Signed _____ Date: ____ / ____ / ____

Due to the volume of dogs using these grounds, Manukau Dog Training Club recommends that your dog have all its vaccinations up to date, for its own protection.

Please tick here if you do not want your details used for public information as defined under the Privacy Act.

For Manukau Dog Training Club Use

Amount paid: \$ _____ Receipt # _____ Date ____ / ____ / ____