



# LETCHWORTH DOG TRAINING CLUB

KC Registered

## Membership Application and Renewal Form 2017

Name			
Address			
Phone		Mobile	
Email			

Tick this box to subscribe to email news

	Dog's Pet Name	Age	Breed	Vaccination Renewal Date
1				
	1 KC Name:			
2				
	2 KC Name:			

Please write the details of additional dogs on the back

I have read and agree to abide by the rules of the club

Signed..... Date.....

### (Optional) Emergency Details

The following details are to be stored in the register: **emergency contact name, emergency contact number**, \* denoting if the handler has stated allergies/medical condition.

The following details, as they are stated below, will be stored in an online database accessible by the committee and instructors only: **emergency contact name, emergency contact number, allergies/medical conditions**.

Emergency contact name	
Emergency contact number	
Allergies/Medical Conditions	

### This section to be completed by instructor or committee member

Vaccination Renewal Dates Checked	<input type="checkbox"/>
Annual Membership Fees Paid (£10* per Adult); (£5* under 18)	<input type="checkbox"/>
Class Fees Paid	<input type="checkbox"/>
<b>Total</b>	<input type="checkbox"/>

\*50% reduction after 1<sup>st</sup> September

Signed: \_\_\_\_\_ Date: \_\_\_\_\_