

KYEAMBA KENNEL AND TRAINING CLUB INC

APPLICATION FOR MEMBERSHIP AND RENEWAL OF MEMBERSHIP (YEARLY).

Full name/s: _____

✉ Address: _____

☎ Phone: _____ Mobile: _____

✉ Email Address: _____

Name of person to train dog: _____ Age (if under 18): _____

Parent Consent (if person training dog is under 18)

✍ Signature: _____

Breed of dog: _____ Age of dog: _____

Name of dog: _____

Are you a member of DOGSNSW? _____ Membership number: _____

Local Government Registration Number: _____

PLEASE TICK THE APPROPRIATE BOX

I wish to apply as a new member.....\$15.00 joining fee + \$40.00 annual fee

I wish to apply as a new family membership.....\$15.00 joining fee + \$50.00 annual fee

I wish to renew my single membership.....\$40.00 annual fee

I wish to renew my family membership.....\$50.00 annual fee

All members please include a copy of your DOGS VACCINATION CERTIFICATE.

All renewals are due by 30th June..... Postal address: PO BOX 5047, Wagga Wagga NSW 2650

PTO.

Office Use Only

Amount paid: \$ _____

Receipt Number: _____

Date: _____

Vaccination Certificate sighted by: _____

Card Done: _____ Yes.....No.....

Excel: _____ Yes.....No.....

Email: _____ Yes.....No.....

APPLICATION FOR MEMBERSHIP AND RENEWAL OF MEMBERSHIP CONDITIONS.

IT IS HEREBY ACKNOWLEDGED THAT THE APPLICANT WILL BE CONSIDERED AS A MEMBER OF THE KYEAMBA KENNEL AND TRAINING CLUB INC. ON THE FOLLOWING TERMS AND CONDITIONS.

1. THE CLUB WILL NOT ACCEPT RESPONSIBILITY AND SHALL NOT BE LIABLE, NOTWITHSTANDING NEGLIGENCE IN THE CLUBS PART OR ANY MEMBER OF THE CLUB, FOR THE LOSS OR DAMAGE OF GOODS BELONGING TO THE MEMBER HOWSOEVER OCCURING.
2. THE EXECUTIVE OF THE CLUB RESERVES THE RIGHT TO ASK ANY MEMBER TO LEAVE THE TRAINING GROUND SHOULD THAT MEMBER BE ACTING IMPROPERLY OR REFUSING TO OBEY THE INSTRUCTIONS OR DIRECTIONS OF ANY MEMBER OF THE EXECUTIVE OR ANY INSTRUCTOR.
3. IT IS EXPRESSLY AGREED THAT ANY MEMBER WHO SUSTAINS ANY FORM OF INJURY WHILST ATTENDING THE TRAINING SESSIONS OF THE CLUB, WILL INDEMNIFY THE CLUB AGAINST ALL LIABILITY, NOTWITHSTANDING THAT THE ACCIDENT MAY ARISE THROUGH THE NEGLIGENT ACT IF A FELLOW MEMBER OF THE CLUB OR A TRAINING INSTRUCTOR.
4. ALL DOGS OVER THE AGE OF 6 MONTHS WILL BE REGISTERED WITH THE LOCAL COUNCIL.
5. THOSE DOGS UNDER THE AGE OF 15 MONTHS ARE RESTRICTED TO DOING FLAT WORK AND JUMPS NO HIGHER THAT 20CM FROM THE GROUND, AND MAY ONLY DO SO UNDER THE SUPERVISION OF AN INSTRUCTOR.
6. IT IS THE OBLIGATION OF EACH OWNER/ HANDLER TO TAKE ALL SUCH NECESSARY STEPS TO INSURE THAT ANY DOG UNDER THAT PERSONS CONTROL, OR WHICH THAT PERSON IS RESPONSIBLE, DOES NOT BEHAVE IN AN AGGRESSIVE MANNER. IF YOUR DOG IS EITHER OBSERVED OR REPORTED TO HAVE EXHIBITED AGGRESSION, IT MUST UNDERTAKE A TEMPERAMENT TEST BY AN AUTHORISED INSTRUCTOR OF THE CLUB, WHERE A DIAGNOSIS OF THE DOGS TEMPERAMENT WILL BE ESTABLISHED. IF INITIAL DIAGNOSIS DEEMS YOUR DOGS TEMPERAMENT AS INAPPROPRIATE, OBEDIENCE TRAINING AT THE KYEAMBA KENNEL AND TRAINING CLUB IS NEITHER THE FORUM NOR THE AVENUE TO TREAT DOG AGGRESSION AND YOUR MEMBERSHIP AT KYEAMBA KENNEL AND TRAINING CLUB WILL BE TEMPORARILY SUSPENDED.

TO HELP WITH THE TREATMENT OF YOUR DOGS AGGRESSION, WE HAVE ESTABLISHED A REFERRAL NETWORK WITH VARIOUS DOG BEHAVIORISTS. ONCE REFERRED, ONE OF OUR LOCAL PROFESSIONAL DOG TRAINERS WILL HELP YOU WITH YOUR TREATMENT PLAN.

WHEN YOUR DOGS TEMPERAMENT IS DEEMED SUITABLE, SUSPENSION WILL BE LIFTED AND YOU AND YOUR DOG WILL BE ABLE TO RECOMMENCE OBEDIENCE TRAINING.

I HEREBY APPLY TO BE ADMITTED AS A MEMBER OF **KYEAMBA KENNEL AND TRAINING CLUB INC.** AND IN CONSIDERATION OF THE CLUB'S ACCEPTANCE OF MY APPLICATION AND MY ADMISSION AS A MEMBER, **I HEREBY AGREE** TO OBSERVE AND PERFORM, AND IN ALL RESPECTS CONFORM TO AND BE BOUND BY THE CONSTITUTION, REGULATIONS AND GROUND RULES FOR THE TIME BEING OF THE CLUB. **I AGREE** TO BY THE MEMBERSHIP SUBSCRIPTION, AS PROVIDED BY THE CONSTITUTION, WHICH IS DUE ON THE 30TH DAY OF JUNE EACH YEAR. **I UNDERSTAND** THAT BECAUSE KYEAMBA KENNEL AND TRAINING CLUB INC. IS AFFILIATED WITH DOGSNSW, THAT DOGS HAVING A DOGSNSW REGISTRATION NUMBER MAY COMPETE IN ANY SHOW OR TRIAL. **I CERTIFY** THAT MY DOG/S HAVE BEEN FULLY IMMUNISED AGAINST DISTEMPER, HEPATITIS, PARVOVIRUS AND ALL OTHER INFECTIOUS DISEASES. **I INDEMNIFY** THE CLUB AGAINST ANY CLAIM FOR DAMAGES FOR PERSONAL INJURY HOWSOEVER CAUSED.

 SIGNATURE OF
APPLICANT: _____ DATE: _____

 SIGNATURE OF
TWO MEMBERS: _____

ALL RENEWALS ARE DUE BY 30TH JUNE.....PO BOX 5047, WAGGA WAGGA NSW 2650