

Swalecliffe & District Dog Training Society



APPLICATION FOR MEMBERSHIP/PUPPY COURSE

PLEASE COMPLETE IN BLOCK CAPITALS

Date of Application Single/Joint Membership

Please Note: Joint Membership is for two people living at the same address.

Mr/Mrs/Miss/Ms Surname Forename

Address & Post Code.....

Contact Number Email

Pet Name of Dog Breed

KC Registered Name of Dog

Age of Dog Date of Last Vaccination

Declaration

I declare the dog/dogs named above is/are not suffering from any infectious or contagious disease. I will not bring any dog that has contracted or been knowingly exposed to any infectious or contagious disease during the previous 21 days, to any training venue used by the above Society. I agree to abide by the Rules of the Society and having been advised of the Risk Assessment, accept that I take part at my own risk. I agree to adhere to the Kennel Club Code of Conduct at Society classes and licensed events.

Signature

**Kennel Club Code of Conduct and our Rules and Risk Assessment are displayed on the Notice Board.
Copies are available on request.**

Data Protection

Your data is stored securely and shared only with the Kennel Club as and when required by their regulations. The Swalecliffe and District Dog Training Society (SDDTS) is committed to the protection of the privacy and personal information of its Members and fully complies with the General Data Protection Regulation, known as the GDPR, which came into effect in the UK on 25 May 2018. Please contact the Membership Secretary to obtain a copy of the Club's General Data Protection Regulation (GDPR) Privacy Notice And Policy.

Office Use Only

Membership/Puppy Course Fee Paid Cash/Cheque Date

Vaccination Certificate Seen – Yes/Pending

Transferred from Puppy Course to Full Membership – Date Fee paid

Renewed:-

Fee Paid	Date	Cash/Cheque/	Vaccination Certificate Seen – Yes/Pending
Fee Paid	Date	Cash/Cheque	Vaccination Certificate Seen – Yes/Pending
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