



CLOVERDALE CANINE COMPANIONS Inc.

MEMBERSHIP FORM 2024 (1 November 2023 – 31 October 2024)

PO Box 402, Cloverdale WA 6985 (ABN: 46 224 744 386)

www.cloverdalecaninecompanions.weebly.com

MEMBERSHIP TYPE (Tick Applicable Box)

Single = \$65 Junior Family/Joint = \$80 (Required if more than one person to train dog/s)

New = \$5 Nomination Fee Casual = \$5 *Only for members of another dog club - (Country/Interstate/Visitor). No more than three occasions.*

NOTE: Plus \$2 Amenity Fee, payable per training session

MEMBER/S DETAILS

SURNAME 1: _____ GIVEN NAME: _____

SURNAME 2: _____ GIVEN NAME: _____

ADDRESS: _____ MOBILE PHONE:

SUBURB: _____ POSTCODE: _____

EMAIL ADDRESS: HOME PHONE:

DogsWest MEMBERSHIP (If Applicable)

CHILD HANDLERS TO BE 12 YEARS OF AGE OR OVER

(If Under 12 – Refer to Chief Instructor or President)

CHILD HANDLER NAME 1: _____ Age: _____ yrs

CHILD HANDLER NAME 2: _____ Age: _____ yrs

NOTE: Only DEPENDANT Children of Applicant Qualify (Include Surname if Different)

DOG'S PARTICULARS

PET NAME OF DOG 1: _____ BREED: _____

SEX: _____ AGE (approx): _____

REGISTERED PEDIGREE NAME (If Applicable): _____

DogsWest REGISTRATION NO (If Applicable): _____

TRAINING REQUIRED: Obedience/Rally Agility (Please tick appropriate box/es)

DOG'S PARTICULARS

PET NAME OF DOG 2: _____ BREED: _____

SEX: _____ AGE (approx): _____

REGISTERED PEDIGREE NAME (If Applicable): _____

DogsWest REGISTRATION NO (If Applicable): _____

TRAINING REQUIRED: Obedience/Rally Agility (Please tick appropriate box/es)

PRIVACY STATEMENT

CCC Inc is committed to the protection of your personal information and follows the National Privacy principles for the fair handling of Information. So that we can provide services to you we ask for personal details like name, address and telephone number.

The data base is used to provide an address list for the distribution of any correspondence required by the Club from time to time and we will not sell your name or contact details to a third party.

If you wish to view, correct or alter information that may be out of date, or if you no longer wish to receive communications from the club, please notify the Secretary.

WAIVER, ASSUMPTION OF RISK

1. I/we acknowledge that attendance at:
 - a) any dog training session
 - b) any Trial or other function run by CCC Inc
 - c) the training grounds or surrounding area
 may involve risk of injury or damage to;
 - a) myself/yourself
 - b) others who may attend
 - c) my/our or other dogs
 - d) and/or property
 even when all due care and consideration is taken, and subject to clause 2 below, assume this risk.
2. CCC Inc, in compliance with its obligations under the Fair Trading Act, acknowledges and undertakes that it will exercise due care in carrying out the services provided.
3. In consideration of CCC Inc agreeing to provide such services:
 - a) I/we exempt, in relation to the obligations of CCC Inc, its volunteers, officers, members and agents ("the Club") from any liability whatsoever for any injury or damage resulting in any way, including as a result of negligence, and waive any rights I/we may have against the training organisation arising from such injury or damage.
 - b) Except in relation to the obligations of the Club under the Fair Trading Act, I/we indemnify the Club against all claims, which may arise from the Club performing any of the services it provides.
4. I/we accept full responsibility for damages caused by myself when using any of the Club equipment with my/our dog/s.

DECLARATION:

To the best of my knowledge the dog/s attending training has/have current vaccination certificates for inoculation against Parvovirus, Distemper, Hepatitis and has/have not been exposed to the risk of any infectious diseases within eight weeks prior to the date of this application.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT

Signature of Owner or Authorised Agent (in case of a minor, a parent or legal guardian must sign).
Joint Membership, both parties must sign.

Signature:Name:Date:/...../.....

Signature:Name:Date:/...../.....

I/we agree to receive notices by electronic means

ONLINE BANKING: "Cloverdale Canine Companions" (in full)

Beyond Bank: BSB 325 185, Account 03390369. Your "Surname" as Reference.

Please PRINT receipt and attach to your completed, Printed membership form & Vaccination copy when first attending.

Office Use Only:

Vacc. Cert Sighted: _____ DATE _____ NEXT DUE: _____

(Club Use Only)

Amount Paid \$..... Receipt No. Receiving Officer

Date:..... Membership No



Financial Members only

(Note: Memberships paid from August 1 each year = 20% discount (Plus the \$5 Nomination Fee for new members)

check our website regularly for up-to-date information
www.cloverdalecaninecompanions.weebly.com