



DUSTON GERMAN SHEPHERD DOG TRAINING CLUB

MEMBERSHIP APPLICATION FORM

I wish to apply for membership of the Duston German Shepherd Dog Training Club and agree to abide by the rules.

NAME:

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ADDRESS:

.....

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POST CODE:

.....

TELEPHONE NO:

OCCUPATION:

.....

DOG'S NAME:

AGE:

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AGE:

.....

VACCINATION DATE:

.....

SIGNATURE:

.....

RECEIVED – INTAKE CLASS

£

DATE:

.....

FULL MEMBERSHIP:

£

DATE:

.....

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DUSTON GERMAN SHEPHERD DOG TRAINING CLUB

RECEIPT

RECEIVED WITH THANKS: INTAKE

£

DATE:

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RECEIVED WITH THANKS: MEMBERSHIP

£

DATE:

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