



# ACT COMPANION DOG CLUB INC.

www.actcdc.org.au

*If your membership has lapsed more than 6 months, you will also need to pay the joining fee of \$ 40.00 again.*

## INSTRUCTORS RENEWAL & AGREEMENT

Surname:		Ph:		Mob:	
Address:					
Email:				Renewal Due:	

### Family Members (Over 11 years)

Please list all direct family members over the age of 11. Please list the dog's details under the name of the family member most responsible for training. If any handler is between 11 and 16, an adult must also be listed. Only adults have voting rights.

Title (Mr, Mrs, Ms Miss Dr etc.)	1	2	3	4	5
First Name					
Age if under 16					
Dog's Pet Name					
Breed					
Sex /DOB					
Activity					
Level					

I instruct in

Obedience <input type="checkbox"/>	Agility <input type="checkbox"/>	Flyball <input type="checkbox"/>	DWD <input type="checkbox"/>	Disability <input type="checkbox"/>
------------------------------------	----------------------------------	----------------------------------	------------------------------	-------------------------------------

I am paying my instructor renewal fee of **\$20.00** as indicated below (please tick applicable method):

- In cash at the club. (Office hours 10am – 1pm Mon – Fri + during Obedience training hours)
- By enclosed cheque made out to the ACT Companion Dog Club (bring or post to the address below)
- By Direct Credit to Account Name: ACT Companion Dog Club, BSB 032-729 Account: 235628 referencing your membership no. & surname. Please email/post/bring this completed form to the Club. **NB: If your payment doesn't reference your membership number & surname, we may have difficulty in tracking your payment. Please keep a copy of your transaction receipt in case of difficulties.**

I understand that the ACT Companion Dog Club accepts no responsibility for any injury to persons or dogs, property loss or damage on the Club's grounds. I declare that I will keep my dog(s) vaccination(s) current while I am a member of the Club and I agree to abide by the rules of the Club. I have read and hereby also agree to be bound by the Code of Practice for Instructors

Signed (by Adult): \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

----- Office Use Only -----

Receipt No.	Amount:	Date Paid	Membership Card	Dog Card	Database
	\$				
Agility Receipt		NSRT Receipt		Flyball Receipt	



# ACT COMPANION DOG CLUB INC.

www.actcdc.org.au

## VOLUNTEER INFORMATION REQUESTED

To assist those members of the committee who are responsible for organising volunteers (Roster Secretary, Comp Day Manager, Trial Manager, Class Instructors etc.) would you please provide information as follows:

My own dog(s) is currently training in classes on:

Wednesday  Thursday  Sunday 9.30  10.30

at the following level(s):

Kindi  Beginners  Intermediate  Flyball   
Advanced  Transition  Novice  Agility   
Graduate/ Open  Companion 1  Companion 2  DWD

When my circumstances permit I would like to volunteer to:

1. Teach the following obedience classes

Kindi  Beginners  Intermediate  Advanced  Transition   
Novice  Grad  Open  Companion1  Companion2

ON: Wednesday  Thursday  Sunday 9.30  Sunday 10.30

My preferred dog size is Large  Small  Any size

2. Help on comp day with :

	Sat	Sun
Judging (any preferences ?)	<input type="checkbox"/>	<input type="checkbox"/>
Assisting the judge	<input type="checkbox"/>	<input type="checkbox"/>
Stewarding	<input type="checkbox"/>	<input type="checkbox"/>
Setting up	<input type="checkbox"/>	<input type="checkbox"/>
Packing up	<input type="checkbox"/>	<input type="checkbox"/>
Checking in	<input type="checkbox"/>	<input type="checkbox"/>
Taking photos	<input type="checkbox"/>	<input type="checkbox"/>

3. Teach agility classes   
4. Teach Flyball classes   
5. Teach DWD classes   
6. Steward at club trials

7. To..... any other offer ?  
.....  
.....

I would like to undertake further training in  
.....

Name ..... Phone: .....

Email: .....