



MILTON ULLADULLA DOG TRAINING CLUB

PO Box 274 Milton NSW 2538

www.mudtc.org.au

APPLICATION FOR MEMBERSHIP

I, _____
(full name of applicant)

Of: _____
(address)

(town/postcode)

Phone: _____ Mobile: _____

Email: _____

Name of Dog: _____ Breed of Dog: _____

Sex of Dog: **M / F** Age of dog: _____

Apply to become a member of the above named Club. In the event of my admission as a member, **I agree to be bound by the Rules of the Club** for the time being in force.

Signature of Applicant: _____ Date: _____

(Committee use only)

I, _____ a member of the Club

Nominate the applicant, who is personally known to me, for membership

Vacc Sighted: **Y/N** _____ Date: _____

Signature of Proposer

I, _____ a member of the Club

Second the nomination of the applicant, who is personally known to me, for membership

Date:

Signature of Seconder

Committee's decision: **Accept/Not accept** *(delete which is NOT applicable)* _____ Date: _____