

**Fred's Pass
Positive Dog Training**
Northern Territory



Fred's Pass Positive Dog Training Club Inc

Application for Membership

Owners Name/s: _____

Postal Address: _____

Phone: _____ Fax: _____

Email: _____

1. Dog's name: _____ Dog's breed: _____

Sex: Male Female Desexed: Yes No

2. Dog's name: _____ Dog's breed: _____

Sex: Male Female Desexed: Yes No

Would you like to receive our Dog Tails newsletter by e-mail? Yes No

Are you interested in helping us at: Trials Fundraising Events

How did you hear about us? Newspaper Friends PetExpo
 Website Flyers Vet

Club Use Only

Initial Vaccination Certificate Sighted Yes No

Membership;

Date	Mem. Type	Amount	Receipt

Membership Approved by Committee

Signed _____ Date _____

Participating in training classes with FPPDTC are at your own risk and the responsibility of your dogs actions is yours. All information will be kept confidential unless pending legal obligation.