President Mr J R Haddock

Wirral Alsatian Training Society

Kennel Club Registered

MEMBERSHIP APPLICATION FORM

PLEASE USE BLOCK CAPITALS THROUGHOUT

Vax cert seen by

SURNAME: (Block Capitals)_____

FORENAME: _____

ADDRESS:_____

_____**POST CODE:**_____

TEL NO_____**EMAIL:**_____

OCCUPATION:_____

DOG'S NAME: _____ **BREED:** _____**DOGS DATE OF BIRTH**_____

HAVE YOU BEEN INVOLVED IN THIS OR ANY OTHER DOG TRAINING ORGANISATION? _____

IF YES, PLEASE GIVE DETAILS: _____

(A) DOES YOUR PUPPY/DOG HAVE ANY PARTICULAR PROBLEMS:_____

(B) HAS YOUR PUPPY/DOG EVER SHOWN ANY SIGNS OF AGGRESSION:_____

IF YES TO (A) OR (B) PLEASE GIVE DETAILS_____

DO YOU HAVE THIRD PARTY PET INSURANCE: _____

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