Australian Association of Professional Dog Trainers, Inc. C/- 2 Pindari Avenue, Epping, Vic. 3076



APPLICATION FORM 2017-2018

SURNAME:	GIVEN NAME:				
ADDRESS:			POST CODE:		
TELEPHONE: HM:	BUS:	FAX:	MOBILE		
E-mail:	Web:				
TRADING / COMPANY NA Copy of Certificate of Business No		ny registration, including	g ACN / ABN number must be enclosed		
REGISTERED ADDRESS:			POST CODE:		
ADDRESS/S WHERE YO	U CONDUCT YOUR TRA	AINING:			
CATEGORY OF MEMBER	RSHIP YOU WISH TO AF	PPLY FOR: (PLEA	SE TICK BOX)		
□ ACCREDITED DOG TRA	INING SCHOOL / BUSINE	SS: \$ 180:00			
□ ACCREDITED DOG TRA	INER /INSTRUCTOR WOR	RKING FOR A TRAIN	IING SCHOOL/BUSINESS: \$ 80:00		
☐ ORDINARY MEMBER: \$	50:00	ASSO	CIATE MEMBER: \$40:00		
☐ AFFILIATE DOG TRAINE	R / OVERSEAS: \$ 150.00	NON-F	PROFIT OBEDIENCE CLUB: \$ 125:00		
☐ SERVICE DOG TRAINEF	R: \$ 70:00	PETS.	AS THERAPY HANDLER: \$ 50.00		
In submitting this application	on it is assumed that the	applicant is familia	r with the Rules of Association of the		
least 3 written references. working privately, please p in conducting business. T industry.	Also If you are applying provide: business card, br	as a Dog Training ochure, letterhead your overall profile	Provide documentation and attach at School or Dog Trainer/Instructor and other advertising material you use in the professional dog training		
NOM	MINATION FORM FOR APPLIC	CANTS TO BE ASSES	SED BY THE (TASC)		
	he AAPDT who's membership i		C) the applicant must be nominated by an igher than that of the applicants, pursuant to the		
I,	b , hereby nominate	eing an accredited	member of AAPDT Inc., at the level of to be assessed		
by the Trainer Accessing C		01 01			
Signed		Dale			

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Australian Association of Professional Dog Trainers, Inc. C/- Secretary: 2 Pindari Avenue, Epping, Vic. 3076



This form must be forwarded with application to the secretary before any processing can be finalised.

Are you currently providing a dog training service on a professional basis? Please clients, classes per week, day, evenings etc, part time or full time.	give d	letails	, i.e. l	Number
Are you earning a taxable income from the provision of Dog Training?	Yes		No	
What type of training do you offer? E.g. Basic Obedience, Trial Training, Protection	Traini	ng / c	ther.	
Why do you wish to become a member of the AAPDT?				
				 -
Have you ever been convicted of being cruel to animals?			No	
Have you ever been convicted of a criminal offence?			No	
Are you registered* with your local council as a 'Dog Training Establishment'? * Provide proof of registration			No	
Do you have \$ 20,000,000 public liability insurance? If so attach a copy of certificate of currency.	Yes		No	
Are you First Aid qualified? If so attach a copy of certificate of currency.			No	
Have you completed a recognised course of instruction to become a dog trainer/instructor? (If Yes please enclose details)	Yes		No	
In submitting this, my application for membership to the Professional Dog Trainers A I hereby agree to abide by its Constitution and By-Laws. I submit herewith the requipoining fee for membership to the AAPDT. Inc. Send Application Form with fee to AAP Pindari Avenue, Epping, Vic. 3076	ired s	ubscr	iption	and
SIGNATURE: DATE:				
ENCLOSED: JOINING FEE: \$ 75:00 * MEMBERSHIP FEE: \$ * Membership is renewab TOTAL: \$ For financial year 2017/18	le on	30 Ju	ıne ea	ıch year

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