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



NEW MEMEBER APPLICATION FORM 2021-2022

SURNAME:	GIVEN NAME:					
ADDRESS:			_ POST CODE:			
TELEPHONE: HM:E	3US:	FAX:	MOBILE			
E-mail:	_ Web:					
TRADING / COMPANY NAME:Copy of Certificate of Business Name Registr.	ation and/or Company re	egistration, including	g ACN / ABN number must be enclosed			
REGISTERED ADDRESS:			POST CODE:			
ADDRESS/S WHERE YOU CONDU	JCT YOUR TRAIN	ING:				
CATEGORY OF MEMBERSHIP YO	OU WISH TO APPL	Y FOR: (PLEA	SE TICK BOX)			
☐ ACCREDITED DOG TRAINING SC	HOOL / BUSINESS:	\$ 220.00				
□ ACCREDITED DOG TRAINER /INS	TRUCTOR WORKIN	NG FOR A TRAIN	IING SCHOOL/BUSINESS: \$ 100.00			
□ ORDINARY MEMBER: \$ 60:00		ASSO	ASSOCIATE MEMBER: \$ 50:00			
☐ AFFILIATE DOG TRAINER / OVER	SEAS: \$ 150.00	NON-F	NON-PROFIT OBEDIENCE CLUB: \$ 150:00			
□ SERVICE DOG TRAINER: \$ 90:00		PETS A	S THERAPY HANDLER: \$ 50.00			
In submitting this application it is as AAPDT Inc.	sumed that the app	olicant is familia	r with the Rules of Association of the			
least 3 written references. Also If y working privately, please provide: be in conducting business. This is to a industry.	ou are applying as usiness card, brochid in assessing you	a Dog Training nure, letterhead ur overall profile	and other advertising material you use			
NOMINATION F	FORM FOR APPLICAN	ITS TO BE ASSES	SED BY THE (TASC)			
Before an applicant can be assessed by the existing accredited member of the AAPDT v. Rules of Association's clause 19.4.	: Trainer Assessing Sul who's membership is at	b-Committee, (TAS least equal to, or h	C) the applicant must be nominated by an igher than that of the applicants, pursuant to the			
I,	by nominate		member of AAPDT Inc., at the level ofto be assessed			
Signed						

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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? Plea clients, classes per week, day, evenings etc, part time or full time.	se give o	letails	s, <i>i.e. l</i>	Number of
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, Protecti	on Traini	ng / d	other.	
Why do you wish to become a member of the AAPDT?			-	
Have you ever been convicted of being cruel to animals?	Yes		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	Yes		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.	Yes		No	
Have you completed a recognised course of instruction to become a dog trainer/instructo (If Yes please enclose details)	or? Yes		No	
Working with Children's Check (must provide evidence)	Yes		No	
In submitting this, my application for membership to the Professional Dog Traine I hereby agree to abide by its Constitution and By-Laws. I submit herewith the rejoining fee for membership to the AAPDT. Inc. Send Application Form with fee to Pindari Avenue, Epping, Vic. 3076 or EFT Bendigo Bank BSB: 633 000 Acc: 163 Please state your name if using EFT SIGNATURE: DATE:	equired s AAPDT 325947	ubscı <i>Inc</i>	ription Secre	and
	* Membership is renewable on 30 June each year For financial year 2021/2022 (no pro rata)			

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