

PICSI NEW MEMBER & MEMBER RENEWAL FORM

NAME			
ADDRESS			
EMAIL (club use only)			
Home Phone		Mobile	
Number of Adults (max 2 adults per membership)		Number of children	

Please write the details for each dog on the reverse of this form

I am aware that dog training is a physical activity and I indemnify Parramatta International Canine Sports Inc. (PICSI) against any or all claims for Personal Injury. Whenever I participate in PICSI activities I agree to:

1. promote cooperation and harmonious relations among club members
2. adopt positive, sportsman-like behaviour and respect for others.
3. treat colleagues and dogs with respect, fairness, and consistency.
4. be courteous & sensitive to the needs of others, and provide assistance where appropriate.
5. base my decisions on factual information and not to discriminate against any person
6. take reasonable steps to prevent accidents and injuries, including to myself, fellow members, dogs, and visitors.
7. ensure I do not engage in activities which may cast doubts on my integrity, or that of PICSI when I decide to leave the club.

I certify that the information I have provided is correct to the best of my knowledge.

Signature of contact member..... **Date**.....

NO CASH WILL BE COLLECTED AND PAYMENT MUST BE MADE PRIOR TO COMMENCEMENT OF TRAINING (please bring proof of payment)

Payments can be made by electronic transfer to:
Commonwealth Bank BSB: 062161 ACCOUNT NUMBER: 10063988

Please be sure to note membership type and member surname

FULL YEAR 1 Feb to 31 Jan \$110.00 covers membership and weekly ground fees
New members joining in May – Jan \$82.50, Jul – Jan \$55, Nov – Jan \$27.50.
Trial is \$25 if you continue membership after trial that amount is deducted.

Type of Membership	<input type="checkbox"/> New Member	<input type="checkbox"/> Single	<input type="checkbox"/> Family (please list the name of all handlers)
	<input type="checkbox"/> Renewal		
	<input type="checkbox"/> Trial		

OFFICE USE: **Name of PICSI Member accepting membership form:**

How has payment been made: Amount: Date:

PLEASE GIVE NEW MEMBER COPY OF PICSI RULES (Green booklet) AND LINK TO FACEBOOK GROUP

Date member accepted by PICSI Committee:

DOG 1 DETAILS		<input type="checkbox"/> DOG	<input type="checkbox"/> BITCH
NAME		BREED	
MICROCHIP		D.O.B	
VACC CERT		TITRE TEST	

DOG 2 DETAILS		<input type="checkbox"/> DOG	<input type="checkbox"/> BITCH
NAME		BREED	
MICROCHIP		D.O.B	
VACC CERT		TITRE TEST	

DOG 3 DETAILS		<input type="checkbox"/> DOG	<input type="checkbox"/> BITCH
NAME		BREED	
MICROCHIP		D.O.B	
VACC CERT		TITRE TEST	

DOG 4 DETAILS		<input type="checkbox"/> DOG	<input type="checkbox"/> BITCH
NAME		BREED	
MICROCHIP		D.O.B	
VACC CERT		TITRE TEST	

DOG 5 DETAILS		<input type="checkbox"/> DOG	<input type="checkbox"/> BITCH
NAME		BREED	
MICROCHIP		D.O.B	
VACC CERT		TITRE TEST	