

**Application for INTODogs INTRO Membership**

**Please complete the form by typing in the grey areas. Upon completion please email to****intodogssecretary@gmail.com**

**Personal Details**

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| **Title:** |       |
| **First Name:** |  |
| **Surname:** |  |
| **Address:** |  |
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| **Postcode:** |  |
| **Telephone No. Landline:** |  |
| **Telephone No. Mobile:**  |  |
| **Email Address:**  |  |
| **Website Address:**  |  |
| **Areas that you cover:** |  |

**Areas of work:**

**Behaviourist** **[ ]  Give Details:**

**Trainer** **[ ]  Give Details:**

**Therapist** **[ ]  Give Details:**

**Rescue/Kennels** **[ ]  Give Details:**

**Dog Walker [ ]  Give Details:**

**Groomer [ ]  Give Details:**

**Student [ ]  Give Details:**

**Other** **[ ]  Give Details:**

**Please provide details of relevant courses attended/qualifications attained:**

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| **Date** | **Tutor/Institute** | **Course**  |
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**Why do you wish to join INTODogs?**

**How do you currently or how do you plan to uphold & apply INTODogs’ code of ethics?**

**For Practicing Members, please provide the following Insurance details:**

Insurance Company:       Insurance Valid Until:

AGREEMENT: I confirm that I have read the Code of Practice and agree with the Mission of the Association of INTODogs. I confirm that all information that I have provided is true and accurate. I agree that I will abide by the Code of Practice and to not use or promote harsh treatment of any kind. I understand that a breach of these rules could lead to my suspension or expulsion from the Association.

Checking the box and completing the electronic signature by typing your name in the box you are confirming your agreement to the above statement.

I agree to the Terms and conditions of membership of the Association of INTODogs

Electronic Signature Date