

DOG TRAINING INDUSTRY ASSOCIATION.

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MEMBERSHIP FORM

Membership No. _____ (to be allocated by DTIA)

Mr/Mrs _____ First _____ Surname _____

Company Name _____

Address _____

_____ Post Code _____

Tel No. _____ Fax No. _____ Mobile _____

E Mail Address _____ Web Site _____

Qualifications _____

Other Associations _____

Insurance Public Liability and Professional Advice Cover. Policy No. _____

Name of Company _____

(New applicants faxed copy of insurance certificate required)

(Please E Mail a personal photograph)

I declare the above particulars are correct.

Signed _____

Date _____