

SOUTHTOWNS DOG TRAINING CLUB, INC.

APPLICATION FOR MEMBERSHIP

Please print or type:

Name(s) _____

Address _____

Telephone (Home) _____ **(Work)** _____

Occupation: _____ **E-mail** _____

Type of Membership: **Individual** **Family**

Breed(s) of Interest: _____

Titles Earned: _____

Areas of Interest

Conformation Obedience Tracking Herding Agility Field Pet Partners or TDI

Other (describe) _____

Kennel Name (if applicable) _____

Other dog clubs and/or activities to which you belong now or have belonged to in the past, and offices held:

The undersigned sponsors are members in good standing with the Southtowns Dog Training Club, Inc., and affirm that to the Sponsor's knowledge, the applicant is capable of handling his/her dog.

Signature _____ Telephone _____ Date _____

1. _____

2. _____

The undersigned instructor affirms that the applicant has completed the required obedience class and is capable of handling his/her dog.

Signature _____ Telephone _____ Date _____

1. _____

I state that my dogs are kept currently vaccinated against: distemper, hepatitis, rabies, parvovirus and kennel cough.

Proof of current vaccinations for each dog must be attached to this application.

I hereby state that I will abide by the rules, regulations and decisions of the Southtowns Dog Training Club, Inc., and its class instructors. I will hold blameless the Southtowns Dog Training Club, Inc., and any and all persons connected therewith in any capacity whatsoever from any liability, costs and expenses for any injury or damage to persons or property caused by myself or any dog brought by me to training classes or any other event held by Southtowns Dog Training Club, Inc. I further agree that this freedom from liability includes owners, lessors and/or government body in charge of buildings and/or land where the training classes or events are held.

I have read and understand the above:

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Make check payable to Southtowns Dog Training Club, Inc. Send completed application, vaccination record and check to:

**Kathy Quinn, Membership Chairperson
27 Ward Court
Buffalo, NY 14220-2722**

Direct all questions regarding membership to Kathy Quinn: (716) 822-0350

◆ **Initiation Fee (one time only \$40) plus Single Membership \$65.00**

◆ **Initiation Fee (one time only \$40) plus Family Membership \$70.00**

CLUB USE ONLY

General club meetings attended

1. _____ date

2. _____ date

Proof of vaccinations attached _____

Board of Directors

Approved _____ Not Approved _____ Date _____

General Membership

Approved _____ Not Approved _____ Date _____