



APPLICATION FOR MEMBERSHIP

(Check must accompany application)

The applicant(s) must have obtained an AKC title on a dog and/or be enrolled in an advanced training class. The applicant(s) must attend at least two (2) meetings within a year and assist with club activities.

Dues are \$25 for single membership and \$35 for family membership. Prorated dues are: March to May \$25/\$35, June to August \$18.75/\$26.25, September to November \$12.50/\$17.50 and December to February \$6.25/\$8.75. Reinstatement - Persons may apply only for reinstatement at the same membership status held when the membership was terminated. Dues must be paid for the full Club year.

I/We are applying for Single Membership _____, Family Membership _____, Reinstatement _____.

NAME(S) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ TELEPHONE HOME _____ CELL _____

Breed of dog(s) currently in training _____

Are you now or have you ever been a member of any other club whose chief interest is dogs?
YES _____ NO _____ If YES, please give name and location of club/group.

Have you, or has your dog, ever trained with any other dog training group?
YES _____ NO _____ If YES, please give name and location of club/group.

List AKC Title earned in Conformation _____, Obedience _____, Rally _____, Agility _____, Field Trial _____, Lure Coursing _____, Herding _____, Hunting _____, Tracking _____, Earth dog _____.

Which Club committees/activities are interested in: Publicity _____, Special Events _____, Programs _____, Hospitality _____, Stewarding _____, Matches/Trials _____, Other _____

I/We hereby make application for membership in the CAPITOL DOG TRAINING CLUB OF AUSITN, INC. and agree to comply with the rules and regulations of the American Kennel Club and the Constitution and By-Laws of the CAPITOL DOG TRAINING CLUB OF AUSTIN, INC. I/We shall be personally responsible for any damage done by my/our dog to any person or property at any training class or Club Activity, and I/We will not hold the Club responsible for any damage suffered by me/us or my/our dog(s).

SIGNATURE(S) OF APPLICANT(S)

_____ DATE _____

SPONSORS: _____
Active Instructor _____ Member _____

FOR CLUB USE ONLY: Meetings Attended _____
Assisted with the following club functions _____