



PINELANDS K-9 CLUB MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____ OFFICE PHONE: _____

CELL PHONE: _____ E-MAIL: _____

PROFESSION / OCCUPATION: _____

WHAT DOG(S) DO YOU CURRENTLY OWN (PLEASE INCLUDE BREED, NAME, AND AGE): _____

WHY DO YOU WANT TO JOIN PINELANDS? : _____

WHAT IS YOUR PAST TRAINING EXPERIENCE: _____

WHAT, IF ANY, TITLES HAVE YOUR DOGS EARNED? : _____

IN WHAT WAYS DO YOU WANT TO HELP THE CLUB? : _____

DO YOU AGREE TO FOLLOW THE REQUIREMENTS OF MEMBERSHIP? : _____

APPLICANT (Signature & Date): _____

SPONSOR 1 (Name): _____

(Signature & Date): _____

SPONSOR 2 (Name): _____

(Signature & Date): _____

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MEMBERSHIP CHAIRPERSON SECTION

DATE RECEIVED:

MEETINGS ATTENDED:

DATE VOTED AND RESULT:

NOTE: Carefully review the attached Membership Requirements sheet before filling out and submitting this form. You must be sponsored by two regular members who will endorse the bottom of this form. Do not submit this application if you cannot fulfill these requirements. Bring this form to the first monthly meeting you attend. Prorated dues will be determined and collected at that time.