



PINELANDS K-9 CLUB MEMBERSHIP APPLICATION

NAME:

ADDRESS:

PHONE: _____ E-MAIL: _____

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

WHY WOULD YOU LIKE TO JOIN PINELANDS?

WHAT IS YOUR PAST TRAINING EXPERIENCE, IF ANY:

WHAT, IF ANY, TITLES HAVE YOUR DOGS EARNED?

DO YOU AGREE TO FOLLOW THE REQUIREMENTS OF MEMBERSHIP?

____ YES ____ NO

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 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 when you are voted by the Board to be an official member.

APPLICANT (Signature & Date):

SPONSOR 1 (Name)

(Signature & Date): _____

SPONSOR 2 (Name):

(Signature & Date): _____

+++++

MEMBERSHIP CHAIRPERSON SECTION

DATE RECEIVED: _____

MEETINGS ATTENDED: _____

CLASSES ATTENDED: _____

DATE VOTED AND RESULT: _____