

WHITEWATER VALLEY DOG TRAINING CLUB, INC.

C/O Kim Phillips
3190 Dale Ave
Cambridge City. IN 47327
765-277-2042

MEMBERSHIP APPLICATION

Individual membership dues are \$25.00 per year and must accompany application.
Family membership dues are \$45.00 and must accompany application

Please circle the membership you are applying for: Individual or Family

Name(s) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Previous Dog Training Experience (include Club, Class, School, Location)

Dog name/breed _____ Titles _____ Birthday _____

Dog name/breed _____ Titles _____ Birthday _____

Dog name/breed _____ Titles _____ Birthday _____

Please include signatures of club members with application. (Not necessary for renewal)

Club member sponsor #1 _____ Date _____

Club member sponsor #2 _____ Date _____

Would you like to serve on a committee? Yes () No ()

I (We) agree to abide by the Constitution and By-Laws of the Whitewater Valley Dog Training Club, Inc. I (We) agree to hold this Club, its members, directors, officers, and the owner or lessor of the premises and any employees of the aforementioned parties, harmless from any claim or loss or injury which may be alleged to have been caused directly to any person, thing or dog while in or upon the premises or grounds. I (We) personally assume all responsibility of any such claims.

Signature(s)

Date

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Club Use Only

Application Received

Date _____

Application Approved: () Yes () No

Date _____

Membership Packet Delivered: () Yes () No

Date _____

Payment Received

Date _____