

# WHITEWATER VALLEY DOG TRAINING CLUB, INC.

4958 U.S. Hwy. 35 North  
Richmond, IN 47374  
(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

.....  
Club Use Only

Application Received

Date \_\_\_\_\_

Application Approved: ( ) Yes ( ) No

Date \_\_\_\_\_

Membership Packet Delivered: ( ) Yes ( ) No

Date \_\_\_\_\_

Payment Received

Date \_\_\_\_\_