

**SCHENECTADY DOG TRAINING CLUB
MEMBERSHIP APPLICATION**

NAME(S): _____

E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE _____

PHONE: _____ [] Home

Alt Phone: _____ [] Home [] Cell [] Business [] Other

OCCUPATION(S): _____

Have you ever been a member of SDTC: { } Yes { } No. If yes, # of Year(s): _____

Offices held if any: _____

Have you ever trained formally, either currently or prior to SDTC involvement? { } Yes { } No

If so when and where: _____

Describe any accomplishments you may have earned with your dogs. _____

Membership Level: [] Individual \$75 [] Family \$85 [] Associate \$25

Form of payment: [] Check (#) _____ [] Cash _____ [] Money order _____

Once a member, volunteer hours may be used to reduce membership cost. (Reduction will not be lower than Individual level of \$25; Family level of \$35).

The following are areas that you may volunteer for:

[] Trials/Matches [] Fund Raising [] Advertising/Publicity [] Assisting with classes

[] Cleaning/Maintenance/Grounds [] Hospitality [] Mailings

[] Publications/Programs [] Social/Special events [] other: _____

Do you have any particular areas of interest not mentioned here? _____

Please obtain the signatures of TWO SPONSORS: (Current SDTC members/instructors).

Name: _____ Signature: _____

Name: _____ Signature: _____

List Classes you have taken with SDTC; include Instructor's name:

- 1: _____
- 2: _____
- 3: _____
- 4: _____

**IF ELECTED AS A MEMBER TO THE SCHENECTADY DOG TRAINING CLUB,
I/we will abide by the Constitution and By-Laws of SDTC and the American Kennel Club;
I/we will participate and support SDTC's activities;
I/we understand that member involvement is crucial to the club's success.
I/we will promote the interest of dogs to the best of my (our) ability.**

Signature of Applicant(s): _____ **Date:** _____
_____ **Date:** _____