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Twin Cities Obedience Training Club, Inc.

2101 Broadway St. NE, Minneapolis / Not a mailing address

2009 MEMBERSHIP AND THERAPY CLASS APPLICATION

PLEASE PRINT CLEARLY

Return with payment at front desk or mail to:

TCOTC
P.O. Box #18417
Minneapolis, MN 55418

Applications returned without payment will not be processed.

Therapy 1 __ ($85.00+Mbrsp fee) **Therapy 2 __ ($85.00+Mbrsp fee)**
Therapy 3 __ ($40.00+Mbrsp fee)

Start Date of class: _____

Date: _____

Handler Name: _____ Primary Phone: ( )
First Last Secondary Phone: ( )

Joint Members (if any; **include additional dues**): _____

Membership Type: Single ($15) ____ Household ($25) ____

"Household" may have unlimited members but only 2 over age 15 may vote.

Street Address: _____

City, ST, ZIP _____ Profession:

Email: _____

Please be legible, club notifications will be mailed to this email address (approx. 3/month).

Membership Status
(*check one*)

___ New
___ Renewing
___ Already a Member
___ Upgrade from Sgl to Hshld mbrshp ($10)

Dog's Name and Breed(s): _____ Dog's DOB:

How did you hear of this club? _____ Dog's Sex:

Vet Clinic Name: _____ Dog trained where?

Training Interests: TCOTC offers many organized dog activities. Please check any that you may have an interest in, even if you have no experience or little knowledge of the activity.

_____ Agility _____ Conformation _____ Obedience _____ Therapy Dogs
_____ CGC_____ _____ Flyball _____ Rally _____ Tracking

Volunteer Interests: TCOTC is a club that depends on volunteers to keep things running. Please check any of the following areas that you would consider helping out with. No experience is necessary.

__ Agility Trials ___ Equipment maintenance ___ Obedience assistant ___ Rally Trials
_ Building Maintenance ___ Flyball tournament ___ Obedience trial (October) ___ Reception desk
___
___ Cleaning, painting, etc. ___ Mgmnt (Board of Directors) ___ Obedience fun matches ___ Track layer for tracking matches
___ Donate baked goods. ___ Newsletter ___ Publicity/mailings ___ Other: _____

I understand that the membership dues entitle me to membership for the **calendar year 2009** and that under no circumstance will this sum be refunded. I agree to abide by the rules and regulations of the Club; to attend classes regularly; to carry out the recommendations of the instructor; and to train the dog to the best of my ability.

I/we certify that all dogs that I/we are presently training at TCOTC are current on their rabies vaccinations and that these will be maintained (puppies under 6 months of age are excluded.) I understand that in bringing my dog(s) to any area with a high volume of dog traffic I am at risk of exposing my dog(s) to infectious diseases. In an effort to protect my dog I will follow my veterinarian's vaccination recommendations. I understand that I may be required to provide written proof of a relationship with my veterinarian in regard to immunizations of my dog(s.)

In consideration of the acceptance of this application, I agree to hold harmless the TWIN CITIES OBEDIENCE TRAINING CLUB, INC; its members, directors, officers, agents, committees, employees and all persons connected or associated with said Club, and I do hereby release the same from any and all claims which I may have at any time, from the following: 1. Any loss or injury which may occur to any person or thing, and which may be caused directly or indirectly to any person or thing by an act of said above described dog while in or upon the premises or grounds, or in or near any entrance or exit thereto, or any function of the club being held outside the clubs premises; it being my intention and agreement to assume full responsibility and liability therefore. 2. The disappearance or loss of said above named dog by theft, accident, death, or otherwise, and any damages or injury caused thereto by the negligence or carelessness of the Club, its members or any person connected with said Club in any manner, or by any other cause operating directly or indirectly while such person or such dogs are on the premises of the Club.

I certify that the above described animal is not a wolf or a wolf hybrid.

Signature: _____ Signature: _____

If applicant is under 18 years of age, parent or guardian must sign this application also.

Signature required for all persons wishing to be voting members.