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Twin Cities Obedience Training Club, Inc.

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

2010 MEMBERSHIP 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.

Date: _____

Local #'s only please

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 _____
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: _____

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.