



Dog Club Membership Application

Please completely fill out this application & mail it to the address listed below.
Membership is voted on at next scheduled meeting.
Please print all answers.



Name: _____

Address: _____

Phone Number(Area Code First): _____

Email Address: _____

Breed(s) of Dog(s) Owned: _____

How did you find out about our club? _____

Referred by a club member?(please provide name): _____

Are you a: _____ Dog Owner _____ Breeder _____ Exhibitor (show dogs) _____ 4-H (advisor/member)

Please list any experience you have with dog training and/or showing dogs:

Areas of Interest (please check all that apply):

- _____ CONFORMATION _____ OBEDIENCE _____ RALLY
- _____ THERAPY DOG TRAINING _____ AGILITY _____ FLYBALL
- _____ PUPPY SOCIALIZATION _____ OTHER(please specify) _____

DUES: Check One (training is free for all paid members in good standing):

_____ \$20.00 for Individual Club Membership, Annual

_____ \$35.00 for Family Club Membership, Annual

I/We agree to abide by all of the Rules, Bylaws, Code of Ethics & Sportsmanship as set forth by the Association. (Please sign: Membership will not be approved without agreeing to this statement.)

Name: _____ Date: _____

Please mail this completed application & dues to our club Treasurer:

SOABDC
KEVIN ZORNES
1885 KIZZIE RUN ROAD
RARDEN, OH 45671

FOR CLUB USE ONLY:

Date application was received: _____

Meeting date for voting on membership & results: _____