



# Suburban Dog Training Club of Eastern Montgomery County, Inc.

Established 1969 - Incorporated 1978

## MEMBERSHIP APPLICATION

Mail this form along with your rabies certificate, dog license copy for each dog, a copy of your SDTC Attendance Record, and a check made out to SDTC to:  
Barbara Jennings, 21 Azalea Circle, Lafayette Hill, PA 19444

**Please be sure to read and sign the waiver on the back of this form**

### MEMBERSHIP FEE

- SINGLE MEMBERSHIP** - One person 18 years or older training one or more dogs.  
A single member has one vote .....\$30
- PARTNERSHIP MEMBERSHIP** - For two persons residing at the same address and training one or more dogs. Each partner has one vote .....\$60
- FAMILY MEMBERSHIP** - One or more related adults and their children under 18, living at the same address and training one or more dogs. Each member over 18 years of age is entitled to one vote.  
\$30 per adult member x \_\_\_\_\_ = \$\_\_\_\_\_

### NEW MEMBER ONE-TIME INITIATION FEE

\$150 per application (regardless of number of people in the household who are joining) .....\$\_\_\_\_\_

### TRAINING FEE

To train a dog during the next training year (Sept. 2018 thru Aug. 2019) Training Fee must be paid in addition to the Membership Fee

- First person @ \$350 (after March 1, 2019 = \$175) .....\$\_\_\_\_\_
- Each additional person @ \$175 (after March 1, 2019 = \$87.50) .....\$\_\_\_\_\_

**TOTAL ENCLOSED \$** \_\_\_\_\_

Prefer to be reached on  cell  home phone

Name \_\_\_\_\_ Preferred Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact (name, phone, relationship) \_\_\_\_\_

Email Address (for important notifications only) \_\_\_\_\_

Do you want to joint the Club's Email List (very low volume)?  Yes  No  Special announcements only

Additional Members \_\_\_\_\_

Occupation/Hobbies \_\_\_\_\_

Where did you take Beginners? \_\_\_\_\_ Other training classes? \_\_\_\_\_

When? \_\_\_\_\_ Who referred you to us? \_\_\_\_\_

List below the dogs you are **presently training**. Include **dog name** and **titles earned to date, breed, age, sex** and **the class you are training in now**.

	<i>Dog's Name</i>	<i>Breed</i>	<i>Age</i>	<i>Gender</i>	<i>Current Training Level</i>	<i>CGC?</i>
(1)	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2)	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **SIGNATURES BELOW REQUIRED FOR ALL NEW MEMBER APPLICANTS**

\_\_\_\_\_  
Instructor's Signature                      Member Sponsor Signature                      Member Sponsor Signature

<b>(CLUB USE ONLY)</b>	
Date Paid _____	Date Voted _____

\_\_\_\_\_  
Signature (to be signed by all applicants)

# All applications are subject to Board approval

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## Waiver, Release and Assumption of Risk

I (we) agree to abide by the Constitution and Bylaws of the Club.

I (we) hereby agree and attest that any dogs that I (we) bring to classes or to participate in other club activities will have a current rabies inoculation in full compliance with all laws applicable to rabies inoculations, and a current dog license.

I (we) acknowledge that I (we) have received a copy of the Rules for Suburban Dog Training Club Handlers ("People Commands") governing the conduct of owners and handlers while attending classes or participating in other club activities and agree to comply with said rules and regulations as stated therein and as may be amended and revised from time to time.

I (we) agree to hold Suburban Dog Training Club, Inc., its members, directors, officers, agents, employees, instructors, and volunteers harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my (our) dog(s) while in or upon the premises or grounds used for classes or other club activities or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claims, and I (we) further agree to hold the aforementioned parties harmless from any claim for loss of my (our) dog(s) by disappearance, theft, death, or otherwise.

I (we) hereby assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves), or on account of damage to property, arising out of or in consequence of my (our) attendance at classes or participation in other club activities.

Dated \_\_\_\_\_

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Signature of Owner/Member/Participant (Print Name)

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Signature of Owner/Member/Participant (Print Name)

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Signature of Owner/Member/Participant (Print Name)

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Signature of Handler (if Different from Owner) (Print Name)

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Signature of Parent or Guardian if Handler is under 18 years of age (Print Name)

# IN CASE OF EMERGENCY

This form **MUST** be filled out by each member and  
mailed back with the membership renewal forms

Member's name \_\_\_\_\_

## **EMERGENCY CONTACT #1**

Name

\_\_\_\_\_

Relationship to member \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

## **EMERGENCY CONTACT #2**

Name

\_\_\_\_\_

Relationship to member \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

## **EMERGENCY CONTACT #3**

Name

\_\_\_\_\_

Relationship to member \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

# EMERGENCY INFORMATION FOR MY PETS

Filling out this form is optional.

As a service to Club members, if the member wishes us to, we will keep a copy of this form at the school office to be used if anything should happen to the member. If you would like us to do this, please fill out this form and return it along with your membership renewal form, waiver, and emergency contact form.

Member Name \_\_\_\_\_

**In the event I am incapacitated or deceased, please contact the following person regarding my pets:**

Pet: Call Name \_\_\_\_\_ Registered Name \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_ Breed \_\_\_\_\_

Pertinent information about this pet \_\_\_\_\_

Name of person to be contacted \_\_\_\_\_

Phone Number \_\_\_\_\_

Breeder  Relative  Other \_\_\_\_\_

Pet: Call Name \_\_\_\_\_ Registered Name \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_ Breed \_\_\_\_\_

Pertinent information about this pet \_\_\_\_\_

Name of person to be contacted \_\_\_\_\_

Phone Number \_\_\_\_\_

Breeder  Relative  Other \_\_\_\_\_

Pet: Call Name \_\_\_\_\_ Registered Name \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_ Breed \_\_\_\_\_

Pertinent information about this pet \_\_\_\_\_

Name of person to be contacted \_\_\_\_\_

Phone Number \_\_\_\_\_

Breeder  Relative  Other \_\_\_\_\_

Pet: Call Name \_\_\_\_\_ Registered Name \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_ Breed \_\_\_\_\_

Pertinent information about this pet \_\_\_\_\_

Name of person to be contacted \_\_\_\_\_

Phone Number \_\_\_\_\_

Breeder  Relative  Other \_\_\_\_\_