



UPPER SUNCOAST DOG TRAINING CLUB, INC.

2101 Logan St, Clearwater, FL 33765

USDTC.ORG

MEMBERSHIP APPLICATION

*PLEASE NOTE: ALL SECTIONS MUST BE COMPLETED IN ORDER TO PROCESS.
MEMBER DUES ARE NOT DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES.*

NAME(S): _____

Email address(es): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: _____ [] Home [] Cell [] Business [] Other

ALT PHONE: _____ [] Home [] Cell [] Business [] Other

OCCUPATION(S): _____ List in Member Dir: [] Yes [] No

Have you ever been a member of USDTC: [] Yes [] No If yes, # of Year(s): _____

Offices held (if any): _____

Are you now or have you ever been a member of another dog club? [] Yes [] No

Name, Years (s) & Offices held (if any): _____

Dues are payable on or before February 1st for membership renewals.

Membership Level: [] Individual \$20 [] Household \$30 [] Junior (10-17 yrs) \$10

Form of payment: [] Check (#) _____ [] Cash (Receipt #) _____ [] Paypal (Date) _____

I/WE WILL HELP IN THE FOLLOWING AREAS:

- | | | |
|----------------------------|---------------------------|------------------|
| [] Trials/Matches | [] Phone calls | [] Fund Raising |
| [] Assisting with classes | [] Registrar | [] Advertising |
| [] Cleaning/Maintenance | [] Hospitality | [] Mailings |
| [] Publications/Programs | [] Social/Special Events | [] Other _____ |

Please obtain TWO SPONSORS: (Current USDTC members/instructors)

Name: _____ Signature: _____

Name: _____ Signature: _____

I/we certify that I/we will abide by the USDTC's By-laws and Constitution (available on usdtc.org).

I/we will participate and support USDTC's activities. I/we understand that member involvement is crucial to the club's success and that I/we are expected to attend General Meetings.

Member Applicant Signature(s): _____ Date: _____

_____ Date: _____

----- USDTC approval -----

Date approved by USDTC board: _____ Date approved by membership: _____

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MEMBERSHIP APPLICATION (Cont.)

Member applicant's name (s):

Are you involved in any canine rescue: (If so who) _____

Your Veterinarian's name & phone number:

EMERGENCY CONTACT(S):

Your Canine Family

Please list TITLED and UNTITLED dogs owned/co-owned by you:

1) Dog's name: _____
Breed: _____ DOB: _____ Sex: _____
Class(es) attending: _____

2) Dog's name: _____
Breed: _____ DOB: _____ Sex: _____
Class(es) attending: _____

3) Dog's name: _____
Breed: _____ DOB: _____ Sex: _____
Class(es) attending: _____

4) Dog's name: _____
Breed: _____ DOB: _____ Sex: _____
Class(es) attending: _____

5) Dog's name: _____
Breed: _____ DOB: _____ Sex: _____
Class(es) attending: _____

6) Dog's name: _____
Breed: _____ DOB: _____ Sex: _____
Class(es) attending: _____