



UPPER SUNCOAST DOG TRAINING CLUB, INC.

2101 Logan St, Clearwater, FL 33765

USDTC.ORG

2020 NEW MEMBERSHIP APPLICATION

PLEASE NOTE: ALL SECTIONS MUST BE COMPLETE! INCOMPLETE APPLICATIONS WILL BE RETURNED!

MEMBERSHIP DUES ARE **NOT** DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES.

1st MEMBER NAME: _____ EMAIL: _____

CELL PHONE: _____ HOME PHONE: _____

OCCUPATION: _____

2nd MEMBER NAME: _____ EMAIL: _____

CELL PHONE: _____ OCCUPATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

JR MEMBER: _____ CELL: _____ EMAIL: _____

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

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

Membership Level: Household (2 adults) \$40 Individual \$30 Junior (10-17 yrs) \$10 (ea)

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

I/WE WILL HELP IN THE FOLLOWING AREAS:

- | | | |
|---|--|---|
| <input type="checkbox"/> Trials/Matches | <input type="checkbox"/> Phone calls or emails | <input type="checkbox"/> Awards |
| <input type="checkbox"/> Assisting with classes | <input type="checkbox"/> Registrar | <input type="checkbox"/> Website |
| <input type="checkbox"/> Club Cleaning | <input type="checkbox"/> Hospitality/Parties | <input type="checkbox"/> Marketing/Publications |
| <input type="checkbox"/> Club Maintenance | <input type="checkbox"/> Special Events/Demos | <input type="checkbox"/> Board Member/Officer |

TWO SPONSOR SIGNATURES REQUIRED: (2 current USDTC instructors or members MUST sign for you!)

Print Name: _____ Signature: _____

Print 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. Applicants **must** be present in order to be voted in at a General Meeting.

I/we understand that contact information will be shared with other club members **unless** this box is checked. **Opt out**

Member Applicant Signature(s): _____ Date: _____

_____ Date: _____

----- USDTC only -----

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 dogs currently owned or co-owned by you (include titles they have earned, if any):

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: _____