

Membership Application



Date: _____

Type of Membership (See Membership Info on Pg. 2)

- Single Membership
- Single Associate
- Family Membership
- Family Associate

List Name(s): _____

_____ Adult Jr.

_____ Adult Jr.

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Occupation: _____

E-mail Address: _____

Date in attendance of Beg. Obedience Class: _____ **OR** Beg. Agility class: _____

No class attended – Application Fee included

Are you a past member? NO YES When? _____

Please list the dogs that you plan on training

Dog's Call Name: _____ **Breed:** _____

I have signed the membership waiver form. I understand as a POTC Member, I must own or co-own the dog I am training. I may NOT train a dog belonging to a friend or relative on my membership. I may bring a dog not owned by me through classes if the class fee has been paid. I may train another member's dog.

I understand that a POTC membership entitles me to attend all classes at no additional charge. I may train my dogs during a scheduled Beginners Class if ring space is available and I am not disruptive to the class in progress.

Applicant's signature or signatures: _____

Sponsored by (print & sign): _____

Date application approved by the Executive Board: _____

Date Member Packet sent: _____

