LOS ANGELES WORKING K9 CLUB – MEMBER APPLICATION FORM

Date Applied Date	Date Approved*		Full Member Eligibility Date		
Full Member Approval Date	Approved By	/			
Applicant Name					
			ationship		
Street Address or P.O.Box	<u></u> Ci	ty	State	Zip	
Email	Home	Work	C	ell	
ANNUAL MEMBERSHIP PRICING - M	UST BE RENEWED EA	CH YEAR FROM	M THE ORIGINA		N DATE
Membership dues are \$500 for yo	ur first dog, and \$300 fo	r your second do	og. If you would l	ike to add a sec	ond dog, you
Must first seek the necessary app	provals from our board a	nd training direc	tor. Field fees ar	d transportation	fees for our
be shared	equally. Additional tr aiel	pg rf øvells per sess	ion may be asse	essed.	
A current members	ship with United Schu	tzhund Clubs o	of America (US	CA) is required	d.
USCA number Exp	piration Date:	: *Please include a copy of your membership card with this application.			
2 nd members USCA Number (family	/ membership)				

List all dogs you will be training/working at Los Angeles Working K9 Club

Dog No. 1:

Breed:	Call Name:			
ScorebookType: USCA WDA AWDF OTHER Scorebook Number:				
Registered Name:				
Sex: Male Female	Spayed/Neutered? Yes No	Date of Birth:		
Registry and Registration	n Number:			
Titles:				
Vaccination Dates: DHL	/ParvoR	abies		
Dog no. 2:				
Breed:	Call Name:			
Scorebook Type: USCA WDA AWDF OTHERS Scorebook Number:				
Registered Name:				
Sex: Male Female	Spayed/Neutered? Yes N	o Date of Birth:		
Registry and Registration Number:				
Titles:				
Veterinarian Clinic Nam	e:			
Vaccination Dates: DHL	/ParvoF	Rabies		

Training Agreement and Understanding of Liability

- 1. I understand and agree that my participation in Los Angeles Working K9 Club is at my own risk.
- 2. I understand that I am responsible for the actions of my dog(s) and agree to keep my dog(s) properly restrained at all times.
- 3. I agree to hold Los Angeles Working K9 Club, its officers, directors and members, as well as any ground or property owners, harmless for loss or injury to any person, dog, or things, and by any action of my dog(s) while on the training/trial/seminar grounds. I agree to personally assume all responsibility and liability for any such claim.
- 4. I understand that the training of my dog(s) is primarily for the purpose of Schutzhund/IGP.
- 5. I understand that Schutzhund/IGP training is a sport. It is not "protection" or "guard dog" training.
- 6. I agree to abide by the Constitution and By-laws of Los Angeles Working K9 Club.
- 7. No refunds or substitutions for any fees paid shall be allowed.
- 8. You agree to commit to volunteering at all of LAW-K9 Club events.

Signature of Applic	ant	Date	
Print Name		Date	
For treasurer: Ti	nis section to be used when affiliat	e member status is achieved	d.
Annual Training Fee Paid	Monthly Dues	Paid	
Total fees paid	Date Paid	Cash Check _	Check No

ADDITIONAL APPLYING MEMBER INFORMATION

Date Applied	Date Approved*	Full Member	Eligibility Date
Full Member Approval Date	Approved By		
Applicant Name			
2 nd Member		Relationship	
Street Address or P.O.Box	City	State	Zip
Email	Home	Work	_ Cell

* What is your dog training experience? Include academic training, seminars and/or workshops, certifications, titles etc.

• Memberships in other dog/training groups. (Indicate if any are current)

• Why do you want to join Los Angeles Working K9 Club?

- Are you willing to train your dog at least once a day for 15 minutes?
- Are you willing to participate in at least one Los Angeles working K9 Club workshop each year?
- Are you willing to help with event duties for trials, seminars, workshops etc?