

LOS ANGELES WORKING K9 CLUB – MEMBER APPLICATION FORM

Date Applied _____ Date Approved* _____ Full Member Eligibility Date _____

Full Member Approval Date _____ Approved By _____

Applicant Name _____

2nd Member _____ Relationship _____

Street Address or P.O.Box _____ City _____ State _____ Zip _____

Email _____ Home _____ Work _____ Cell _____

ANNUAL MEMBERSHIP PRICING - MUST BE RENEWED EACH YEAR FROM THE ORIGINAL APPLICATION DATE

Single Membership with one (1) dog _____ (\$500) Single membership with two (2) dogs _____ (\$800)
Field Training Fees per visit \$25

A current membership with United Schutzhund Clubs of America (USCA) is required.

USCA number _____ Expiration Date: _____

2nd members USCA Number (family membership) _____ Expiration Date: _____

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 Number: _____

Titles: _____

Veterinarian Clinic Name: _____

Vaccination Dates: DHL/Parvo _____ Rabies _____

Dog no. 2:

Breed: _____ Call Name: _____

Scorebook Type: USCA WDA AWDF OTHERS Scorebook Number: _____

Registered Name: _____

Sex: Male Female Spayed/Neutered? Yes No Date of Birth: _____

Registry and Registration Number: _____

Titles: _____

Veterinarian Clinic Name: _____

Vaccination Dates: DHL/Parvo _____ 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 Applicant

Date

Member Sponsor

Date

Member Sponsor

Date

For treasurer: This section to be used when affiliate member status is achieved.

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 _____

2nd 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?

- What do you expect to gain from your membership?

- What do you have to offer Los Angeles Working K9 Club