SCENT WORK CLUB OF BREVARD COUNTY, INC. MEMBERSHIP ANNUAL RENEWAL FORM

PERSONAL INFORMATION					
NAME:					
ADDRESS:					
CITY: ST	ATE:	ZIP CODE:			
DAYTIME PHONE:		EVENING PHONE:			
EMAIL ADDRESS:					
OCCUPATION:					
CANINE INFORMATION					
1. NAME:	AGE:	BREED:	M N F S		
2. NAME:	AGE:	BREED:	M N F S		
3. NAME:	AGE:	BREED:	M N F S		
4. NAME:	AGE:	BREED:	M N F S		
5. NAME:	AGE:	BREED:	M N F S		
VOLUNTEER OPPORTUNITIES CHECK THE AREAS YOU WOULD LIKE TO VOLUNTEER					
FUNDRAISING	NEWSFLAS	H FOR WEBSITE	ADVERTISING		
EQUIPMENT REPAIR	ASSIST	ING INSTRUCTOR	EVENT VOLUNTEER		
MATCHES	FACILT	Y MAINTENANCE	REGISTRATION		
INSTRUCTOR	TRASH	REMOVAL NIGHTLY	EVENT CALENDAR		
1ST NIGHT REGISTRATION	WEBSIT	ſE	FILING		
FACILITY CLEANING	DATAB	ASE	WINDOWS		
OTHER DESCRIBE:					

I, THE UNDERSIGNED, HEREBY ASSUME ALL RISKS OF, AND RESPONSIBILITY FOR, ACCIDENTS AND DAMAGE, EITHER TO MYSELF OR TO MY PROPERTY OR TO OTHERS, RESULTING FROM ACTIONS OF MY DOG, AND EXPRESSLY AGREES THAT NO MEMBER OR INSTRUCTOR OF SCENT WORK CLUB OF BREVARD COUNTY, CANINE STAR TRAINING ACADEMY INCLUDING THE LANDLORD OF THE TRAINING FACILITY "THE RAYNA S. HOWSE IRREVOCALBE TRUST" SHALL BE HELD PERSONALLY OR COLLECTIVELY RESPONSIBLE UNDER ANY CIRCUMSTANCES, FOR INJURY TO MY PROPERTY DUE TO THE BEHAVIOR OF OTHER DOGS, OR THE NEGLIGENCE IN ANY MANNER BY STUDENTS, OR MEMBER OR INSTRUTOR OF, CANINE STAR TRAINING ACADEMY. THE UNDERSIGNED AGREES TO ABIDE BY ALL RULES AND REGULATIONS STIPULATED AT SCENT WORK CLUB OF BREVARD COUNTY AND CANINE STAR TRAINING ACADEMY. IT IS MY INTENTION IN JOINING, TO RECEIVE INSTRUCTION IN DOG TRAINING.

SCENT WORK CLUB OF BREVARD COUNTY INC. MEMBERSHIP ANNUAL RENEWAL FORM (CONT'D)

MEMBERSHIP DUES ARE DUE BY NOVEMBER 1 PRIOR TO JANUARY 1 OF EACH YEAR. CSTA'S FISCAL YEAR IS JANUARY 1 THROUGH DECEMBER 31 OF EACH YEAR.

ANNUAL FEES:

SINGLE MEMBERSHIP\$ 25.00FAMILY MEMBERSHIP\$ 40.00

TOTAL AMOUNT PAID: \$_____

CHECK NUMBER: #____

PLEASE FILL OUT THE BELOW FOR EACH DOG YOU HAVE WHICH WILL ATTEND OR POSSIBLY ATTEND SCENT WORK CLUB OF BREVARD COUNTY INC. (make extra copies as needed).

DOG'S NAME:		
DATE OF ANNUAL CANINE EXA	M: DATE OF	NEGATIVE FECAL EXAM:
DATE OF CURRENT DISTEMPER	R VACCINATION/:	1 YEAR 3 YEAR
DATE OF CURRENT RABIES VA	CCINATION:	1 YEAR 3 YEAR
OR Date of rabies titer (*)	titer level	(include letter from vet)
Veterinarian Name:		
Veterinarian Address:		
Veterinarian City, State, Zip:		

*Proof of your annual report of rabies titer levels of 0.5 IU or higher are acceptable only when accompanied by a letter from your veterinarian.

Please return membership form and payment to: Laura Sconyers 213 Via Harverre, Merrit Island FL 32953