

Membership Application



Name: _____ DOB: _____

Address: _____

City, _____ State, _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Dog 1 Information:

Name: _____ Birth/Adoption Date: _____ M F

Primary Breed: _____ Color(s): _____

Contact Status: All None Partial: Check the box for each piece of equipment for which your dog has shown proficiency: A-Frame Dog Walk Teeter

Has your dog been evaluated Yes No, If yes, Name Of Evaluators:

Dog 2 Information:

Name: _____ Birth/Adoption Date: _____ M F

Primary Breed: _____ Color(s): _____

Contact Status: All None Partial: Check the box for each piece of equipment for which your dog has shown proficiency: A-Frame Dog Walk Teeter

Has your dog been evaluated Yes No, If yes, Name of Evaluators:

I understand that as handler, while at any club event where equipment is present, that it is my responsibility to maintain the safety of my dog by keeping him/her off any equipment for which (s)he has not passed evaluation.

Applicant Signature:

_____ Date: _____

Print Name: _____

Parent/Guardian's (required if under 18 y/o):

_____ Date: _____

Print Name: _____

Annual Membership Dues: Please Circle.

\$35/Individual, \$20/Associate, \$20/Jr. handler, Household, (\$30/person)

Make checks payable to

Lehigh Valley Dream Weavers Agility Club
c/o Sandy Conti, 3309 Aberdeen Cir., Allentown, PA 18104