

2017 Chesapeake DockDogs Membership Application



MEMBERSHIP DUES
\$50 Family Membership

OWNER HANDLER INFORMATION:

(PLEASE PRINT)

First Name: _____ Last Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Additional Family Members:

(Must live in the same household. Include email if they wish to be added to the club email list.)

1. _____ Email: _____

2. _____ Email: _____

3. _____ Email: _____

4. _____ Email: _____

DOG INFORMATION:

Dog Name _____ DOB ___/___/___ Breed: _____

Dog Name _____ DOB ___/___/___ Breed: _____

Dog Name _____ DOB ___/___/___ Breed: _____

Dog Name _____ DOB ___/___/___ Breed: _____

Myself, along with any family members who compete, have hereby read the Rules and Regulations available on www.dockdogs.com and will abide by them during practices and events.

SIGNATURE: _____ **Date:** _____

PAYMENT INFORMATION:

\$50 check payable to "Chesapeake DockDogs"

Mail to:

Jacqueline Reardon
232 Gentlebrook Rd
Owings Mills, Md 21117

To be completed by club treasurer:

Received From: _____ the sum of _____ for membership dues. Effective Date: ___/___/___

Received By: _____ Cash: ___ Check: ___ Date: _____