



Hampton Roads Schutzhund Club



APPLICATION FOR MEMBERSHIP

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: _____

I would like to become a member of the Hampton Roads Schutzhund Club. I understand that I must attend four meetings within a two-month period before this application can be voted upon (for regular membership). If accepted, I acknowledge that I will read and abide by the by-laws of the Hampton Roads Schutzhund Club and the rules of the United Schutzhund Clubs of America.

Application Fee is \$50.00. Membership dues are \$110.00 per year per member, regular or associate, due on January 1 of each year. Family memberships are \$175.00 per year for 2 people in the same household, due on January 1 of each year. I also agree to pay training fees of \$2.00 per session for each dog.

I further understand that the process of dog training can be dangerous and that participation in this training is at my own risk. I accept complete responsibility for any actions of myself and my dog that may result in damage or harm to any public or private property, anyone associated with me either involved in training, attending any training classes, or out of class.

I understand that it is my complete responsibility to handle my dog at all times and agree to hold the members, or anyone attending a trial or a training session hosted by Hampton Roads Schutzhund Club, free of any damages as a result of any accident that may occur.

I also certify, by my signature, that my dog(s) is/are free of all communicable diseases and has/have no health problems that may affect their ability to perform in this dog sport.

SIGNATURE: _____

DATE: _____

TYPES OF ACTIVITIES YOU PARTICIPATE IN WITH YOUR DOG(S)

Conformation _____ Herding _____ Agility _____ Field Trials _____

Schutzhund _____ Obedience _____ Tracking _____ Judge _____

Canine Good Citizen _____ Therapy Dog _____ Others _____

Please List: _____

Do you belong to any other Dog Clubs?

Please List: _____

Is/are your dog(s) current on their immunizations? _____ Yes _____ No

Is/are your dog(s) on heartworm preventative? _____ Yes _____ No

Please list by name all dogs you presently would like to have train with the Hampton Roads Schutzhund Club:

<u>Name</u>	<u>Title(s)/Registration</u>	<u>Breed</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____