Cape Fear Dog Training Club, Inc.

MEMBERSHIP APPLICATION

Date _____

Name _____ Phone _____

Address _____

E-Mail Address _____ Occupation _____

Breeds of Dogs Owned _____

Obedience Titles Earned _____

Instructor Experience _____

Have you ever attended dog obedience training classes with the CFDTC or any other dog club?
No _____ Yes _____

Other dog clubs with which you have been associated with

Name _____
_____

If so, may these be contacted for references?" No ___ Yes __

What other organizations have you belonged _____
Hobbies and interests _____
Reasons for joining this club _____

So that you can be an asset to this club, list briefly the projects or committess on which you would be willing to serve

_____

I agree to subscribe to the rules" regulations and by-laws of the Cape Fear Dog Training Club and the American Kennel Club. I certify that the information given is true and correct to the best of my knowledge.

Signature _____

Sponsor _____

Sponsor _____

CAPE FEAR DOG TRAINING CLUB INC.