www.wichitadogtrainingclub.com

Associate Membership Application

I (we) hereby apply for associate membership in the Wichita Dog Training Club, Inc. I (we) enclose a check or money order (please no cash) in the amount of $_____ for the first calendar year dues (and any applicable membership fee) with the understanding that it will be returned if this application is not approved.

Fees: $40.00 Single $55.00 Household $10.00 Membership Fee
Membership fee required if applicant has not graduated from a WDTC training class.
The Puppy Kindergarten class is excluded.

I (we) am (are) 18 years of age or over and in good standing with the American Kennel Club. I (we) agree to abide by the Constitution and By-Laws of the Wichita Dog Training Club, Inc. (including the Code of Conduct) and the Rules of the American Kennel Club in the event membership in the Wichita Dog Training Club, Inc. is granted.

I (we) agree to be active in promoting the Obedience & Agility Trials and other activities conducted by the Wichita Dog Training Club, Inc.

NAME (applicant 1) _____

NAME (applicant 2) _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (home) _____ **(work)** _____

EMAIL ADDRESS _____

OCCUPATION (applicant 1) _____ **OCCUPATION (applicant 2)** _____

BREEDS OF DOGS CURRENTLY OWNED (and quantity of each) _____

HOW LONG HAVE YOU OWNED DOGS? _____

DO YOU SHOW IN OBEDIENCE? _____ **CONFORMATION?** _____ **AGILITY?** _____

FLYBALL? _____ **OTHER? (please explain)** _____

PLEASE LIST TITLES EARNED IN OBEDIENCE, CONFORMATION, AGILITY, FLYBALL OR OTHER DOG SHOWING _____

_____

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANOTHER DOG CLUB? (please list) _____

_____

POSITIONS HELD IN THESE CLUBS _____

PLEASE LIST COMMITTEES ON WHICH YOU WOULD BE WILLING TO SERVE (See next page for committee descriptions. Note: All members, unless you live outside Kansas, are expected to ACTIVELY SERVE on at least one Committee and TO WORK IN SOME CAPACITY in the Spring and/or Fall Obedience or Agility Trials.) _____

HAVE YOU GRADUATED FROM A WDTC CLASS? (please list)_____

Date _____

_____ _____
Signature (Applicant #1) **Signature (Applicant #2)**

SPONSORS

All applications MUST carry the signatures of TWO sponsors. (Sponsors cannot be from the same household or related to the Applicant(s) and must have been active members of the WDTC for at least one year prior to sponsoring someone for membership.)

_____ _____
Signature (Sponsor #1) Please print your name also **Signature (Sponsor #2) Please print your name also**

Mail application and check (made payable to 'WDTC') to: Jenifer Logue, 445 E. Park Ave, Clearwater, KS 67026