

Agility Central of Maine c/o Kate Hill, Secretary 22 Hammond Dr Oakland, ME 04963

MEMBERSHIP FORM

New Application _	(Sc	me agility tra	aining required) R	enewal	
Name:					
Mailing Address:					
lome Phone: Email:					
Occupation:					
Agility Experience: _					
Type of Membersh	ip: I	Regular	Household	Junior	
Dues: Regular \$25/year Junior Handler \$10/year				usehold)	
Please return member payable to Agility Ce l	•		b Secretary add	ress above, mai	king check
Dog Information: Name Age Bree			d	Agility Level	Titles
					-
*Additional dogs may be	added on	back of form	n		
We support our memb and your dog(s) and w volunteering at 2 even	e ask tha	t you suppo	rt your fellow me		
Please answer the for How did you learn of o	our club?				
What attracted you to How can you contribu	our club:				
Tiow carryou continua	to to the t	JIGD:			
"I have read and I ag	ree to th	e By-Laws	and Policies of	f Agility Centra	I of Maine"
Signature: Date:					
Adult Signature for a Jur	nior Handle	er:			
Sponsor's Name:				 	

As Sponsor you acknowledge the applicant's agility experience and training as adequate to participate in our member events & will introduce your new member(s) to the events of the club and guide them in participating & supporting the offerings ACMe provides as benefits of their membership.