



COMMONWEALTH DOG OBEDIENCE TRAINING CLUB
P.O. Box 973, Waynesboro, VA 22980

NEW MEMBERSHIP APPLICATION **MEMBERSHIP RENEWAL**

Please complete as fully as possible. Write or print clearly. *If needed, add information on back of this form.

Type of membership: Individual (\$40) ___ Family (\$60) ___ Associate (Under 17 or Student) (\$20) ___

PERSONAL DATA:

Name: _____

Address: _____

Phone (Cell): _____ (Home): _____ (Other): _____

E-mail address: _____

Breed(s) of dog(s) owned: _____

TRAINING EXPERIENCE: (* New members and renewal members with new experience please answer.)

Describe your experience with dogs: _____

* Have you participated in dog shows/trials or other competitions? What type and at what level?

* Have you instructed or assisted with obedience classes in the past? _____

(New members) CDOTC classes attended (include dates): _____

VOLUNTEER INTERESTS:

This is a cooperative club that relies on member participation to function effectively. We frequently request that members contribute their time for a variety of tasks. Please let us know how you would plan to contribute to the club. Check all that apply:

Basic Interest

- ___ Website support ___ Communications Support ___ Telephone support ___ Organizing
- ___ Cleaning ___ Filing/Administration ___ Inventory Management ___ Teaching
- ___ Strategic Planning ___ Community Liaison ___ Assisting Teachers ___ 4-H

Other: _____

Event Management:

- ___ Handle presenter arrangements ___ Handle member communications ___ Manage registrations
- ___ Manage facilities arrangements ___ Help with set up/clean up ___ Organize food

Volunteers

- ___ Organize community events volunteers ___ Organize Crimora Cleaning events ___ Data Management

Other (Please explain): _____



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PRIVACY CHOICES:

Your privacy is important to us. We routinely share Names, Addresses, Phone Numbers, Email Addresses, and owned dog breeds with our members. You may choose to limit access to your information to Board Members and instructors only unless sharing is required by state or federal law. **Please select and sign one of the options below:**

I _____ (Printed Name) agree to share the above listed information with
ALL members of CDOTC. _____ (Signature) _____ (Date)

I _____ (Printed Name) agree to share the above listed information with
CDOTC Board Members/instructors ONLY. _____ (Signature)
_____ (Date)

Email Group: We use google groups for emails used to update our members. Your email address is not shared with the group when a member initiates an email. If you respond to, or initiate emails, only your name will appear. If you would like to **OPT OUT OF** group emails, please sign below. Be aware that some important club information regarding classes and events may not reach you if you choose to opt out.

I _____ (Printed Name) **Do not** want to participate in group emails.
_____ (Signature) _____ (Date)

EMERGENCY CONTACT INFORMATION:

CDOTC will maintain this information in paper form in a secure location within our training facility. It will be available to active board and designated members as needed for use in a case of emergency only. It will also be retained digitally in a secure location (i.e.: Password protected file on a detachable hard drive)

Personal Contact: _____ Relationship to member _____

Contact Phone Number _____ Email address _____

Contact for emergency dog care: _____ Phone Number _____

Email address _____ Pet meds and food restrictions/preference: _____

Preferred Veterinarian _____ Phone Number _____

I decline to share emergency contact information. Signature _____

LIABILITY STATEMENT:

The undersigned understands that by joining Commonwealth Dog Obedience Training Club (CDOTC) he/she is assuming liability for any property damage which might result from his/her participation in any CDOTC activities or trainings and that **neither Commonwealth Dog Obedience Training Club, an instructor, nor the host party will be responsible for any loss or injury which might occur while participating in CDOTC activities or trainings.**

Signature: _____ Date: _____

To be completed by secretary:

Membership fee: _____ Membership approved (date): _____