



# Commonwealth Dog Obedience Training Club

## Membership Renewal

Please complete as fully as possible. Write or print clearly.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation/employer: \_\_\_\_\_

Breed(s) of dog(s) owned: \_\_\_\_\_

Are you interested in instructing or assisting any classes this year? (Please specify)

\_\_\_\_\_

Type of membership: Single (\$40) \_\_\_\_\_ Family (\$60) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send to CDOTC, P.O. Box 973, Waynesboro, VA 22980,  
leave in the class room cash box, or bring to the annual banquet.**

---

**To be completed by secretary:**

Membership fee received: \_\_\_\_\_

Membership approved (date): \_\_\_\_\_