



MEMBERSHIP APPLICATION

Name(s)/DOB _____

Address _____

City, State, Zip _____

Phone (home) _____

Cell Phone (Event Emergency) _____

E-MAIL _____

Are you willing to help (or interested in finding out more about):

- | | | |
|---|---|--|
| <input type="checkbox"/> Set up equipment? | <input type="checkbox"/> Build equipment? | <input type="checkbox"/> Maintain web page |
| <input type="checkbox"/> Paint equipment? | <input type="checkbox"/> Repair equipment? | <input type="checkbox"/> Help at matches |
| <input type="checkbox"/> Organize events? | <input type="checkbox"/> Tow or haul equipment? | <input type="checkbox"/> Do artwork or crafts? |
| <input type="checkbox"/> Serve on committees? | <input type="checkbox"/> Other _____ | |

Dog #1 Call Name _____ Birth Date _____ Male Female
 Breed _____ Height at withers: _____ Inches
 Level of experience _____ Agility Titles _____
 Other Titles _____
 Other sports you participate in with your dog: _____

Dog #2 Call Name _____ Birth Date _____ Male Female
 Breed _____ Height at withers: _____ Inches
 Level of experience _____ Agility Titles _____
 Other Titles _____
 Other sports you participate in with your dog: _____

Applicant Signature _____ **Date** _____

Parent/Guardian's Endorsement (required if applicant under 18) _____

Print Name _____ Guardian Signature _____

Annual Membership Dues: \$35/Individual, \$20/Associate, \$20/Jr. handler, Household, (\$30/person)

Make checks payable to

Lehigh Valley Dream Weavers Agility Club
 c/o Sandy Conti, 3309 Aberdeen Cir., Allentown, PA 18104

For More Information contact: Pat Wotring, 610-653-9883 xena04@rcn.com