



TOP DOG Club



MEMBERSHIP APPLICATION

Please print clearly

Annual Dues: _____ Fiscal Year starting in January.

- \$35 Family Membership (2 adults and children under 18)
- \$20 Individual Adult Membership
- \$15 Individual Junior Membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

How many dogs do you own? _____

Dog Info			Currently doing Agility	Planning to do Agility
Name: _____	Breed: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	Breed: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	Breed: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>

**WAIVER OF CLUB RESPONSIBILITY and
ACKNOWLEDGEMENT of CLUB CONSTITUTION and BY-LAWS (available on website)**

In consideration of the acceptance of Club membership in TOP DOG, I agree to hold this Club, it's members, directors, officers and agents harmless from any claim for loss or injury caused by and / or to myself and/or my dogs, however such injuries, death or damage to the property may be caused.

I hereby assume the sole responsibility for my actions and shall hold the club (and members thereof) harmless from any and all loss and expense, including legal fees.

I further agree to abide by the Constitution and By-Laws of TOP DOG.

Signed: _____ Date: : _____

Parent or Guardian of Junior: _____ Date: _____

Make check payable to TOP DOG
Mail to: 6611 78th Ave NE, Olympia, WA 98516