

WASHINGTON STATE OBEDIENCE TRAINING CLUB, INC. MEMBERSHIP APPLICATION

Annual dues for membership are per person, per calendar year, and must accompany this application. Applicants must be at least 18 years of age and are required to attend one regular meeting of the Club before submitting an application. Regular meetings are held 8-10 times a year at varying dates and times. You may contact the Membership Chairman or another Club member regarding the time and location of the meetings or check on the website www.wsotc.org. Newsletters with meeting information are also on the website.

APPLICATION FOR: FULL Membership (\$25.00) or ASSOCIATE Membership (\$25.00)

Only Full Members may vote or hold elected office. Full members must attend at least three membership meetings per year and provide at least one service to the Club. Associate Membership is for individuals wishing Club affiliation but are not able to regularly attend meetings. Associate members are encouraged to participate in other ways and to help with Club events. Please print:

Name (one applicant per form):

Mailing address: _____

City: _____ Zip+four: _____

Home telephone: _____ Other phone _____

E- Mail: _____

Occupation: _____ Your birthday (month, day): _____

Breeds currently owned: _____

Titles earned: _____

I hereby apply for (check one) FULL _____ or ASSOCIATE _____ membership in Washington State Obedience Training Club, Inc., and agree to abide by the rules of the American Kennel Club, Inc., and the Articles of Incorporation, By-Laws and Standing Rules of the WSOTC.

Applicant's Signature: _____ Date: _____

Sponsor's Signature _____ Date: _____

Sponsor's Signature _____ Date: _____

We look forward to involving you in areas of Club activities that are of interest to you. As the effectiveness of the Club is related to the participation of its members, please indicate your areas of ability and interest:

Membership _____ Seminars _____ Obedience Trials _____ Tracking Events _____

Agility Events _____ Newsletter _____ Meeting Programs _____ Meeting Hospitality _____ Social Activities _____

Equipment Management _____ Budget and Finance _____ Other _____

Mail application and check, payable to WSOTC to: Nancy Light; PO Box 575; Duvall, WA 98019
(425) 354-3609; kylahgold@aol.com

Date Rec'd _____ Paid _____
First Read _____ Elected _____ Terminated _____