

Rogue Valley Schutzhund Club Membership Application

Applicant Information																
Applying for: (check one)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input type="checkbox"/></td><td>Individual Membership (\$360/year)</td></tr> <tr><td><input type="checkbox"/></td><td>Family¹ Membership (540/year)</td></tr> <tr><td><input type="checkbox"/></td><td>Youth² Membership (\$180/year)</td></tr> </table>	<input type="checkbox"/>	Individual Membership (\$360/year)	<input type="checkbox"/>	Family ¹ Membership (540/year)	<input type="checkbox"/>	Youth ² Membership (\$180/year)	¹ 2 persons in same household ² 21 and Under								
<input type="checkbox"/>	Individual Membership (\$360/year)															
<input type="checkbox"/>	Family ¹ Membership (540/year)															
<input type="checkbox"/>	Youth ² Membership (\$180/year)															
Name																
Email																
Phone	<i>(cell)</i>	<i>(home)</i>	<i>(work)</i>													
Address																
City			State & Zip													
Current USA Member?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input type="checkbox"/></td><td colspan="3">No, but I understand is required w/in the first 30 days *</td></tr> <tr><td><input type="checkbox"/></td><td>Yes *</td><td>Member Number</td><td></td></tr> <tr><td></td><td></td><td>Expiration Date</td><td></td></tr> </table> <p style="font-size: small; margin-top: 5px;">* Club Secretary requires a copy of your current USA membership Card</p>				<input type="checkbox"/>	No, but I understand is required w/in the first 30 days *			<input type="checkbox"/>	Yes *	Member Number				Expiration Date	
<input type="checkbox"/>	No, but I understand is required w/in the first 30 days *															
<input type="checkbox"/>	Yes *	Member Number														
		Expiration Date														
Family Memberships																
Family Member:																
Email:																
Phone	<i>(cell)</i>	<i>(home)</i>	<i>(work)</i>													
Current USA Member?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input type="checkbox"/></td><td colspan="3">No, but I understand is required w/in the first 30 days of RVSC membership*</td></tr> <tr><td><input type="checkbox"/></td><td>Yes *</td><td>Member Number</td><td></td></tr> <tr><td></td><td></td><td>Expiration Date</td><td></td></tr> </table> <p style="font-size: small; margin-top: 5px;">* Club Secretary requires a copy of your current USA membership Card</p>				<input type="checkbox"/>	No, but I understand is required w/in the first 30 days of RVSC membership*			<input type="checkbox"/>	Yes *	Member Number				Expiration Date	
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		Expiration Date														
Canine Information (use page 2 for additional Canines)																
Dogs Name																
Breed			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input type="checkbox"/></td><td>Male</td></tr> <tr><td><input type="checkbox"/></td><td>Female</td></tr> <tr><td><input type="checkbox"/></td><td>Neutered/Spayed</td></tr> </table>	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Neutered/Spayed	DOB						
<input type="checkbox"/>	Male															
<input type="checkbox"/>	Female															
<input type="checkbox"/>	Neutered/Spayed															
Titles Held																
Prior Training	<input type="checkbox"/> None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced															
Training Goal	<input type="checkbox"/> Personal Enrichment <input type="checkbox"/> Club Trials <input type="checkbox"/> Regionals		<input type="checkbox"/> Nationals <input type="checkbox"/> World <input type="checkbox"/> Show /Breed Survey													
Emergency Contact																
Name																
Phone	<i>(cell)</i>	<i>(home)</i>	<i>(work)</i>													
Relation																
Canine Information (2)																
Dogs Name																
Breed			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input type="checkbox"/></td><td>Male</td></tr> <tr><td><input type="checkbox"/></td><td>Female</td></tr> <tr><td><input type="checkbox"/></td><td>Neutered/Spayed</td></tr> </table>	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Neutered/Spayed	DOB						
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<input type="checkbox"/>	Female															
<input type="checkbox"/>	Neutered/Spayed															

I have read the Rogue Valley Schutzhund Club By Laws and agree to abide by such.

Signature: _____ **Date:** _____

Titles Held						
Prior Training	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced		
Training Goal	<input type="checkbox"/> Personal Enrichment	<input type="checkbox"/> Club Trials	<input type="checkbox"/> Regionals	<input type="checkbox"/> Nationals	<input type="checkbox"/> World	<input type="checkbox"/> Show /Breed Survey
Canine Information (3)						
Dogs Name						
Breed				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutered/Spayed
DOB						
Titles Held						
Prior Training	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced		
Training Goal	<input type="checkbox"/> Personal Enrichment	<input type="checkbox"/> Club Trials	<input type="checkbox"/> Regionals	<input type="checkbox"/> Nationals	<input type="checkbox"/> World	<input type="checkbox"/> Show /Breed Survey
Canine Information (4)						
Dogs Name						
Breed				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutered/Spayed
DOB						
Titles Held						
Prior Training	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced		
Training Goal	<input type="checkbox"/> Personal Enrichment	<input type="checkbox"/> Club Trials	<input type="checkbox"/> Regionals	<input type="checkbox"/> Nationals	<input type="checkbox"/> World	<input type="checkbox"/> Show /Breed Survey
Canine Information (5)						
Dogs Name						
Breed				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutered/Spayed
DOB						
Titles Held						
Prior Training	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced		
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