

MATANUSKA AGILITY CANINE HANDLERS

(full / associate) membership application (family / single)

NAME _____ PHONE _____ E-MAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DOG'S NAME _____ DOG'S AGE _____ SEX: M F SPAY/NEUTER: Y N

BREED _____

PREVIOUS OBEDIENCE TRAINING: N Y – self/home
-- classes: CIKC ACT OTCC DOTCA other

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Agility Classes/Seminars/Clinics Y N Where/When _____

Membership to other clubs? Which ones? _____

OPTIONAL: Do you have a medical problem or condition that you would like your co-members to know about, so they can help you should an emergency occur? _____

How did you hear about MACH? _____

Sponsor 1. _____

Sponsor 2. _____

In accepting this application and bringing the dog(s) to MACH sponsored activities, we/I hereby agree to hold the MATANUSKA AGILITY CANINE HANDLERS, its' members, officers, directors, committees, and all employees of the said club holding the activities HARMLESS from: (1) any loss or injury which might occur to any person or thing caused directly or indirectly by an aggressive action by a dog(s) and, (2) disappearance, theft, injury, or death of a dog caused by the negligence or carelessness of MACH, its' members, directors, officers, agents, committees, and all employees of the said club holding the activities.

SIGNATURE _____ DATE _____

Received and read Club rules: _____ initial

Received and read Club bylaws: _____ initial

Shot records verified by (initials) _____

VET CLINIC: Palmer Wasilla All Creatures Big Lake other _____

Name _____ Rabies tag # _____ mo/y expires _____ distemper parvo bordatella mo/yr _____
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Date Received _____ 1st Reading _____ 2nd Reading _____ Membership Approved _____