

## DULLES GATEWAY OBEDIENCE TRAINING CLUB, INC. MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:

Address (street, city, state, & zip):

Preferred Method of Contact (*phone, email, etc. -please specify*):

Home Phone:

Cell Phone:

Email:

### DOG INFORMATION

Dog Call Name:

Breed:

Rescue: Yes  No

Male:

Female:

Spayed:  Neutered:

Dog Call name:

Breed:

Rescue: Yes  No

Male:

Female:

Spayed:  Neutered:

### CLASS INFORMATION

Advanced level classes taken with DGOTC with the last two years. REQUIRED TO BE CONSIDERED FOR MEMBERSHIP

Class Title:

Date:

Instructor:

Location:

Class Title:

Date:

Instructor:

Location

### TRAINING OTHER THAN DGOTC

Location:

Class Title:

### VOLUNTEER ACTIVITY

DGOTC club event(s) you volunteered for within the last year. REQUIRED TO BE CONSIDERED FOR MEMBERSHIP

Event:

Date:

List Job(s) Worked:

Event:

Date:

List Job(s) Worked:

### ACTIVITIES YOU ARE WILLING TO ASSIST DGOTC WITH (CHECK ALL THAT APPLY)

Stewarding:

Instructing/Assisting:

Equipment Management:

Computer Skills:

Administrative:

Clerical:

Distribution of Advertising/Marketing Materials :

Artwork/Graphics:

Organizing Events:

Other:

### SIGNATURES

Sponsor Name:

Sponsor Signature

Sponsor Name:

Sponsor Signature

Applicant Name:

Applicant Signature:

### CLUB USE ONLY

Date Rec'd:

Rec'd By:

Check:  PayPal:

Date Entered in DGOTC Database: