

**Application for Membership
Paws Ahead Agility Club**

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

e-mail: _____

Sponsor Member: _____

Type of Membership: Single Family

Dogs Name: _____ Breed: _____

Age: _____ Current Level of Training: _____

Are you interested in trialing your dog? Yes No

Major interests, hobbies, talents: _____

Why do you want to become a member?: _____

Members are expected to participate in the running of this club

I have read Paws Ahead Agility Club Membership Rules and agree to abide by their contents.

Date of Application: _____

Pending member Signature: _____

Sponsor Member Signature: _____

Date Application Received: _____

Date Membership approved: _____

Not Approved: _____ Reason: _____
