



# TCKC Membership Application

PLEASE PRINT:

Name: \_\_\_\_\_ Birthday (Month/Day): \_\_\_\_\_

Name: \_\_\_\_\_ Birthday (Month/Day): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Dogs (Name/Breed): \_\_\_\_\_  
\_\_\_\_\_

Why do you wish to become a member of Town & Country Kennel Club?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor #1 Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

Sponsor #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor #2 Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

APPLICANTS MUST ALSO SIGN THE ATTACHED WAIVER.

## Membership Type:

Single Membership \$25.00

Family Membership \$50.00

First Reading:  
Present: Y / N  
Second Reading:  
Present: Y / N  
Paid:  
Waiver Signed: Y / N

Route:  
Secretary (Original)  
President  
Treasurer

**WAIVER / RELEASE OF LIABILITY**

Town & Country Kennel Club

I understand that participation in any activity at Town & Country Kennel Club involves physical activity on the part of me and my dog(s). I acknowledge that dog training involves running, jumping, and the use of scaling objects, tunnels, jumps and tires that may result in injury to myself, my dog(s) or others. In addition, I fully acknowledge that TCKC has requested that neither I, nor any family member or guest, use the jumps, agility or other equipment until I have taken classes at TCKC or other qualified facility in order to know best how to safely use said equipment in order to reduce the likelihood of injury to myself, my dog(s), family members, guests or others.

I agree that I am responsible for my safety and the safety of my dog(s), family members and guests while participating in any activity or function at TCKC. I assume all risks connected with the use of the TCKC facility and its equipment, as well as participation in any activity at TCKC.

In consideration of my being allowed to participate in the activities of TCKC, I hereby waive, release and hold harmless TCKC and each of its members, officers and Board members, event organizers, seminar speakers, and event participants from any and all liability of any nature, including injury, loss or damage to myself, my dog(s) or others resulting from my participation in any activity whether it be club sponsored or private personal training, even though such liability may arise out of negligence or carelessness on the part of TCKC, its members or other present at the time of injury or loss. I further agree to indemnify and hold harmless TCKC, its officers, members, Board members or agents from any and all claims arising from or associated with my actions or the actions of my dog while at TCKC, whether participating in a class or function of TCKC or during personal training at the club.

This waiver/release of liability is intended to discharge Town & Country Kennel Club, its members, officers and Board members and agents from any and all liability that may arise, allegedly or actually, as well as any costs and/or attorney's fees due to any claim based on the use of the property or claims arising from loss or injury.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

## NEW MEMBER APPLICANT PRE-VOTE REQUIREMENT LOG

- **RETAIN THIS FORM. DO NOT SUBMIT IT WITH APPLICATION AND WAIVER**
- This form is to be completed by the New Member Applicant.
- Upon completion of the Pre-Vote Requirements, this form should be submitted to the Membership Secretary
- Once the completed log is submitted and it is deemed by the Membership Secretary that the requirements have been met, the second reading of the application will be scheduled for the next regular club meeting.

### GENERAL INFORMATION

Name of applicant(s) 1) \_\_\_\_\_ 2) \_\_\_\_\_

Email address of applicant: \_\_\_\_\_

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of first reading \_\_\_\_/\_\_\_\_/\_\_\_\_ Did you attend the meeting of the first reading? Yes No

Date by which pre-vote requirements must be complete: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Three months from date of first reading)*

Names of sponsors: 1) \_\_\_\_\_ 2) \_\_\_\_\_

### REQUIREMENT SECTION

#### Meeting attendance:

New member applicant must attend two club meetings within three months from first reading date. For a family membership, attendance at one club meeting by two of the family members represents two meetings. For example, Mr. and Mrs. Smith are applying for a family membership and they both attend the same meeting ... the two-meeting requirement is fulfilled.

1) Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Attendee(s) \_\_\_\_\_

2) Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Attendee(s): \_\_\_\_\_

#### Participation in club event:

New member applicant must participate in at least one club event/function within three months from the first reading date. For a family membership only one family member needs to participate in one club event/function.

Name/type of function or event: \_\_\_\_\_

Name of applicant who participated: \_\_\_\_\_

Date of function or event: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate length of time spent at function/event: \_\_\_\_\_

Describe what you did: \_\_\_\_\_

Name of sponsor who accompanied you: \_\_\_\_\_

Applicant Signature(s) _____ _____ Date submitted: ____/____/____	Interoffice Use: Date Received by Secretary: ____/____/____ Requirements met: Yes No Schedule 2 <sup>nd</sup> reading/vote for: ____/____/____	Notes:   
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