Clinton County Canine Club, Inc. P.O. Box 101 Plattsburgh, NY 12901 Membership Application / Membership Renewal

Please check one of the following:			
Membership Renewal	or New Member		
Name(s)			
(If family, list all members. Fa	amily must reside in the same hou	usehold.)	
Address	Cit	У	
StateZip	Home Phone	Cell Phone	
Email address			
Occupation		(if retired, please indicated)	ate
you pre-retirement occupation)		
Breed of Dog(s)			
Date of Application	Individual F	Family	
Areas of interest for you and y	our canine (check all that apply)):	
	Breed Exhibition,	Family Dog Manners,	
Obedience Competition,	Outdoor Winter Sports,	Rally,	
Therapy Dog,	Tracking,	Just Plain Fun!	
Give a brief history of your in	terest & experience with dogs:		
Briefly describe your personal	dog-related goals and what you	aspire to achieve as a member of the Club:	
Public Educational Present Canine Equipment set-up/	tations,Publicity, take down,Contributing aining Classes,Serving on a C	you would like to help (check all that apply)Website Desig Content to Newsletter,Event Plannin Committee, Advanced Computer Skill ribe):	gn, ig,

Note: Your responsibility to the Clinton County Canine Club includes your active participation in Club membership meetings and activities. We ask that you attend one Club membership meeting each year (held in June, September, December, & March) after being accepted as a full member. All club members are

activities/events/projects annually is encouraged. What talents or expertise could you contribute to the Club? (Please check all that apply): ____Dog Training Skills ____Creating signs/displays, ____Simple construction skills, ____Writing short newsletter articles, ____ Photography, ___Video shooting & editing, ___Public presentations, _____Advertising/Public Relations, _____ Dog grooming, _____ Public event organization experience, _____ Other: ______ **Community Outreach:** Therapy Dog? - Yes or No Would you be interested in receiving information about group therapy dog visits or activities (please circle one)? Yes or No I am currently not under suspension of the American Kennel Club or any other dog club. I agree to abide by the constitution of the Clinton County Canine Club and the rules of the American Kennel Club. SIGNED_____DATE____ SIGNED DATE **MEMBERSHIP FEE:** \$30/year family, \$20/year individual Please make check payable to: Clinton County Canine Club Note: Fees for new members joining between January 1 and March 31 will be ½ the annual fee. AMOUNT PAID \$_____ **Required for new members:** Sponsor's Signature (must be a CCCC member): Print Sponsor's Name Submit completed application / renewal with appropriate fee by mail to: Clinton County Canine Club P.O. Box 101 Plattsburgh, NY 12901 Please note: Your name and contact information will be published in the Clinton County Canine Club Membership list. The list is for Club use only and cannot be used for commercial purposes. For New Members Only: Date of approval: Provisional Membership______Full Membership_____

welcome to attend any monthly club meetings. A minimum of 5 hours donated time to club