

**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): \_\_\_\_\_  
*As of March 1, 2020, if re-applying for or renewing your family membership, all listed members must reside at the same address.*

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ (Please print very legibly)

Occupation(s) \_\_\_\_\_  
*If retired, please indicate your pre-retirement occupation*

Breed(s) of Dog(s) \_\_\_\_\_

Date of Application \_\_\_\_\_ Individual \_\_\_\_\_ Family \_\_\_\_\_

Areas of interest for you and your canine (check all that apply):

_____ Agility	_____ Breed Exhibition	_____ Family Dog Manners
_____ Obedience Competition	_____ Outdoor Winter Sports	_____ Rally
_____ Therapy Dog	_____ Tracking	_____ Just Plain Fun!

Give a brief history of your interest & experience with dogs: \_\_\_\_\_

Briefly describe your personal dog-related goals and what you aspire to achieve as a member of the Club:

We expect every club member to be an active member. Areas you would like to help (check all that apply):

___ Public educational presentations	___ Publicity	___ Website design/support
___ Canine equipment set-up/take down	___ Contributing to newsletter	___ Event planning
___ Instructing/assisting in training classes	___ Serving on a Committee	___ Advanced computer skills
___ Working on Club's Canine Fun Match	___ Other (describe): _____	

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 welcome to attend any monthly club meetings. A minimum of 5 hours donated time to club activities/events/projects annually is encouraged.

What talents or expertise could you contribute to the Club? (Please check all that apply):

<input type="checkbox"/> Dog training skills	<input type="checkbox"/> Creating signs/displays	<input type="checkbox"/> Simple construction skills
<input type="checkbox"/> Writing short newsletter articles	<input type="checkbox"/> Photography	<input type="checkbox"/> Video shooting & editing
<input type="checkbox"/> Advertising/Public Relations	<input type="checkbox"/> Dog grooming	<input type="checkbox"/> Public presentations
<input type="checkbox"/> Public event organization experience	<input type="checkbox"/> Other (describe): _____	

**Community Outreach:**

Therapy Dog? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be interested in receiving information about group therapy dog visits or activities? Yes \_\_\_\_\_ No \_\_\_\_\_

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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.**

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The section below is to be completed by the Club:

For New Members Only:

Date of Approval: Provisional Membership: \_\_\_\_\_ Full Membership: \_\_\_\_\_