

Clinton County Canine Club, Inc.
P.O. Box 101
Plattsburgh, NY 12901

Membership Application (Please print clearly)

Name(s) _____

(If family, list all members. Family must reside in the same household.)

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Email address _____

Occupation _____ (if retired , please indicate you pre-retirement occupation)

Breed of Dog(s) _____

Date of Application _____ Individual _____ Family _____

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Agility, | <input type="checkbox"/> Breed Exhibition, | <input type="checkbox"/> Family Dog Manners, |
| <input type="checkbox"/> Obedience Competition, | <input type="checkbox"/> Outdoor Winter Sports, | <input type="checkbox"/> Rally, |
| <input type="checkbox"/> Therapy Dog, | <input type="checkbox"/> Tracking, | <input type="checkbox"/> 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):

- | | | |
|---|--|--|
| <input type="checkbox"/> Public Educational Presentations, | <input type="checkbox"/> Publicity, | <input type="checkbox"/> Website Design, |
| <input type="checkbox"/> Canine Equipment set-up/take down, | <input type="checkbox"/> Contributing Content to Newsletter, | <input type="checkbox"/> Event Planning, |
| <input type="checkbox"/> Instructing/Assisting in Training Classes, | <input type="checkbox"/> Serving on a Committee, | <input type="checkbox"/> Advanced Computer Skills, |
| <input type="checkbox"/> Working on Club's Canine Fun Match, | <input type="checkbox"/> 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):

- Dog Training Skills Creating signs/displays, Simple construction skills,
- Writing short newsletter articles, Photography, Video shooting & editing,
- Advertising/Public Relations, Dog grooming, Public presentations,
- 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? - 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 1/2 the annual fee.

AMOUNT PAID \$ _____

Required for new members:

Sponsor's Signature (must be a CCCC member): _____

Print Sponsor's Name _____

Submit completed application with appropriate fee by mail to:

Clinton County Canine Club
c/o Coreena Cardin, Secretary
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.

Date of approval: Provisional Membership _____ Full Membership _____