

Clinton County Canine Club Inc.

Annual Membership Renewal

****Renewals must be received by June 30th each year to maintain active member status****

Name(s) of Member(s) _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Email Address _____ (Please print **very** legibly)

Breed(s) of Dog(s) _____

Type of Membership: Individual _____ Family _____ *(All family members must reside at the same address)*

What areas of interest and training do you currently have for you and your canine partner(s)? We will use the information collected here to assist in planning our upcoming training class offerings.

- | | | |
|---|---|--|
| <input type="checkbox"/> Agility | <input type="checkbox"/> Breed Competition (Exhibition) | <input type="checkbox"/> Family Dog Manners |
| <input type="checkbox"/> Rally | <input type="checkbox"/> Competition Obedience | <input type="checkbox"/> Senior Dog |
| <input type="checkbox"/> Tracking | <input type="checkbox"/> Therapy Dog | <input type="checkbox"/> Outdoor Winter Sports |
| <input type="checkbox"/> Just Plain Fun | <input type="checkbox"/> Other (please specify) _____ | |

Our club thrives due to the efforts of our volunteer members. Please indicate if you would be willing to donate your time in the coming year in any of the following areas:

- | | | |
|---|--|--|
| <input type="checkbox"/> Instructing/assisting classes | <input type="checkbox"/> Canine equipment set-up/take-down | <input type="checkbox"/> Contributing to newsletter/website articles |
| <input type="checkbox"/> Serving on a committee | <input type="checkbox"/> Club event photography or videography | <input type="checkbox"/> Working on Club Fun Match |
| <input type="checkbox"/> Public educational presentations | <input type="checkbox"/> Publicity/creating signs/displays | <input type="checkbox"/> Do you wish to receive info about club therapy dog visits and activities? |
| <input type="checkbox"/> Advanced computer skills | <input type="checkbox"/> Event planning/coordination/staffing | |
| <input type="checkbox"/> Website design/support | <input type="checkbox"/> Simple construction skills | |
| <input type="checkbox"/> Other (please describe) _____ | | |

As a reminder your responsibility to the Clinton County Canine Club includes participation in Club meetings and activities. We ask that you attend at least one club meeting per year (either a regular board meeting or a semi-annual membership meeting, held in June and December). Members are welcome to attend any monthly club meetings. A minimum of 5 hours of donated time to club activities/events/projects annually is encouraged and appreciated.

Signed _____ Date _____

By signing above, you are indicating that you are not under suspension of the American Kennel Club (AKC) or any other dog club and you agree to abide by the constitution of the Clinton County Canine Club and the rules of the AKC.

MEMBERSHIP FEE: \$30/year for Family, \$20/year for Individual

Please make check payable to: **Clinton County Canine Club**

Submit completed renewal application with appropriate fee by mail to:

**Clinton County Canine Club, c/o Linda McGovern
104 Ashley Road, 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.