

Dog Tracking Club of Maine Membership Application



I hereby request to be elected to membership in the DOG TRACKING CLUB OF MAINE (DTCM). I understand that the DTCM dedicates itself to promoting and participating in the American Kennel Club (AKC) sport of tracking. I certify that my privileges with the AKC (if applicable) are not currently under suspension.

I agree to abide by the by-laws of the DTCM and to represent the sport with the highest ethical standards. I also agree that I will never knowingly involve myself in actions that would be detrimental or harmful to dogs.

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

Signature of Applicant

Signature of Sponsor

Date

Fee paid

Please complete the attached Membership Biography Form and return the completed application form with the required \$20 to the Membership Chair or to one of the officers of the Club. Upon acceptance, the fee will be applied to the current year's dues.

Dog Tracking Club of Maine Membership Biography

Name _____ Date _____

Address _____

City _____ State _____ Zip+4 _____

Current Designation (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Tracking exhibitor | <input type="checkbox"/> Tracking judge |
| <input type="checkbox"/> Obedience exhibitor | <input type="checkbox"/> Obedience judge |
| <input type="checkbox"/> Conformation exhibitor | <input type="checkbox"/> Conformation judge |
| <input type="checkbox"/> Breeder | <input type="checkbox"/> Lure coursing participant |
| <input type="checkbox"/> Herding trial participant | <input type="checkbox"/> Field trial/ hunting tests |
| <input type="checkbox"/> Terrier trials | <input type="checkbox"/> Therapy dog work |
| <input type="checkbox"/> Schutzhund | <input type="checkbox"/> Dog owner only |
| <input type="checkbox"/> Agility exhibitor | <input type="checkbox"/> Other (please describe): |
| <input type="checkbox"/> Rally exhibitor | _____ |

Current Canine-Related Affiliations (Clubs, etc.)

<u>Club</u>	<u>Office (if any)</u>
_____	_____
_____	_____
_____	_____

Canine Biography

(Please list dogs owned past or present.)

Name of Dog	Breed	Titles	Living? Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mail Membership Form to:
Sara Pruyne
blackthorndalmatians@gmail.com
1234 Patch Mountain Road
Greenwood, ME 04255