

# APPLICATION FOR MEMBERSHIP

**For Club Use Only**

Date Received \_\_\_\_\_  
 Date of Review \_\_\_\_\_  
 Date Accepted \_\_\_\_\_  
 Date OSC Dues Paid / Amt. \_\_\_\_\_  
 Date DVG Dues Paid / Amt. \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Dog #1 Breed \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Name/Titles: \_\_\_\_\_

Dog #2 Breed \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Name/Titles: \_\_\_\_\_

Previous types of training including behavior counseling, obedience, tracking scent discrimination, personal protection training, and the name of the Center or individual where training took place.

\_\_\_\_\_  
 \_\_\_\_\_

|  |            |           |              |          |
|--|------------|-----------|--------------|----------|
| Levels of training:<br>(circle one for each) | Tracking   | Beginning | Intermediate | Advanced |
|  | Obedience  | Beginning | Intermediate | Advanced |
|  | Protection | Beginning | Intermediate | Advanced |

Other dog club affiliations:  
 \_\_\_\_\_

Training Goals:  
 \_\_\_\_\_

What do you expect from Olympus Schutzhund Club? \_\_\_\_\_  
 \_\_\_\_\_

Hobbies and Talents:  
 \_\_\_\_\_

**A copy of current Rabies, DHLPPV, and Bordatella vaccinations must accompany this application before acceptance. (Puppies up to 6 months of age must also have copy of current Corona vaccination).**

**I have read and fully understand the Olympus Schutzhund Club of Salt Lake By-laws and agree to abide by them.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For information on current dues refer to Guide For Membership (Dues include Olympus club insurance). Be sure to read and sign the Club Pledge Please list any additional information and comments on a separate sheet of paper