

WEST LOS ANGELES OBEDIENCE TRAINING CLUB

NEW MEMBER APPLICATION

MEMBERSHIP RENEWAL FORM (Year: _____)

Dues are due January 1. If unpaid as of March 1, membership will be automatically terminated.

Name/s: _____

Address: _____

E-Mail Address: _____

Telephone: Home: _____ Cell: _____

Other Family Members: _____

May we include you on club e-mail lists about club classes and events? Yes No

MEMBERSHIP DUES

Single \$20

Couple \$25

Family \$30

Junior \$5

DOGS:	Name	Breed	Birthday
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MAJOR INTERESTS: Agility Obedience Conformation

NEW MEMBER APPLICANTS:

How did you hear about the WLAOTC? _____

List classes taken from WLAOTC _____

Briefly explain why you wish to be a member of the West Los Angeles Obedience Training Club:

Please be sure to sign your application on the next page.

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

I understand that attendance at dog classes or other club activities are not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I will be exposed by be difficult to control and may be the cause of injury even with handled with the greatest amount of care.

I hereby waive and release West Los Angeles Obedience Training Club ("Club"), its members, trainers, officers, directors and agents from any and all liability of any nature, for injury or damage which my family members, my guests, myself or my dog may suffer, any injury while attending any training session or other function of the Club, or while on the training grounds or the surrounding area thereto as a result of any action of any dog.

I also understand that it is my personal responsibility to maintain control of any dog in my care and custody while attending any training class or Club function.

I (we) herby apply for membership or renewal of membership in the West Los Angeles Obedience Training Club and agree to abide by and uphold the By-laws and Standing Rules of the Club.

***If applicant is under age 18, parent or guardian must sign below.**

Signed: _____

Date: _____

Signed: _____

Date: _____

Mail this form and your check payable to WLAOTC to:

WLAOTC Membership Chair, 12624 Woodbine Street, Los Angeles, CA 90066