



# DULLES GATEWAY OBEDIENCE TRAINING CLUB, INC.

## MEMBERSHIP APPLICATION FORM

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Address City State ZIP

EMAIL ADDRESS \_\_\_\_\_

WORK PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

LIST DOGS OWNED:	BREED	SEX	SPAYED/NEUTERED	CALL NAME
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADVANCED CLASSES TAKEN WITH DGOTC: CLASS	DATE	LOCATION	INSTRUCTOR
_____	_____	_____	_____
_____	_____	_____	_____

OBEDIENCE / AGILITY TRAINING OTHER THAN WITH DGOTC: WHERE \_\_\_\_\_

IF RESCUE? BREED AND NAME OF RESCUE \_\_\_\_\_

APPLICANTS SHOULD REALIZE THAT ACTIVE MEMBERSHIP CARRIES WITH IT RESPONSIBILITIES TO PUT BACK INTO THE CLUB WHAT YOU TAKE OUT OF IT, PLEASE INDICATE THE CLUB ACTIVITIES IN WHICH YOU WOULD BE WILLING TO ASSIST:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> STEWARDING              | <input type="checkbox"/> INSTRUCTING/ASSISTING | <input type="checkbox"/> EQUIPMENT MANAGEMENT | <input type="checkbox"/> PUBLICITY        |
| <input type="checkbox"/> ADMINISTRATIVE/CLERICAL | <input type="checkbox"/> COMPUTER SKILLS       | <input type="checkbox"/> ORGANIZING EVENTS    | <input type="checkbox"/> ARTWORK/GRAPHICS |

OTHER: \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PARENT'S SIGNATURE (IF APPLICANT UNDER 21) \_\_\_\_\_ DATE \_\_\_\_\_

SPONSORS SIGNATURE \_\_\_\_\_ / \_\_\_\_\_

PRINT NAME \_\_\_\_\_ PRINT NAME \_\_\_\_\_

PLEASE INDICATE TYPE OF MEMBERSHIP AND ATTACH CHECK PAYABLE TO DGOTC FOR THE CORRECT AMOUNT:

- \$35 INDIVIDUAL MEMBERSHIP       \$45 FAMILY MEMBERSHIP \*\*

### \*\*REQUIREMENTS FOR ACTIVE MEMBERSHIP\*\*

1. Must train for two quarters beyond basic obedience or the Introduction to Agility class.
2. Must attend ONE OF THE FOLLOWING: ANNUAL MEETING, AWARDS BANQUET OR HELP AT ONE OF THE DGOTC SPONSORED EVENTS
3. Two DGOTC members must sign as sponsors.

\*\*Each family member must have completed the minimum requirements for membership before a family membership can be accepted. Each family member should fill out an application. The completed applications and membership fee should be forwarded to the Membership Chairperson:

MAIL TO:  
BETSY SMITH  
DGOTC MEMBERSHIP CHAIR  
PO BOX 967  
PURCELLVILLE, VA 20134

CLUB USE:	
DATE APPLICATION RECEIVED _____	
DATE PRESENTED AND APPROVED BY BOARD _____	
DATE ADDED TO MEMBERSHIP LIST _____	

**THERE IS A \$25.00 FEE FOR ALL RETURNED CHECKS**