



Three Month Membership Application

(please print or type) Date _____

Name of Member	
Address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	
USA Member#/Exp. Date	

Your previous training experience:

Registered Name of Dog in Training			
Call Name:		Date of Birth:	
Breed:		Titles:	Male / Female
Name of Veterinarian:		Phone:	
Date of Last DHLPP/Rabies:		Heartworm Check:	Results

TRAINING AGREEMENT AND UNDERSTANDING OF LIABILITY

1. I understand that my participation in the Maine Schutzhund Club is at my own risk.
2. I will not hold the Maine Schutzhund Club, its officers, members, promoters, sponsors, land owners, or the United Schutzhund Clubs of America responsible for damage that may occur to my person or property as a result of the activities of this club.
3. I understand that the training of my dog(s) is/are primarily for the purpose of the sport of Schutzhund.
4. I understand it is my responsibility to provide ample home insurance to cover the possible action of my dog(s).
5. I agree to abide by the Constitution and By-Laws of the Maine Schutzhund Club.
6. I understand that I am fully responsible for the actions of my dog and I agree to keep my dog properly restrained and under reasonable control between and during practice exercises.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Amount of Dues Paid and Check # _____

This 3 month period covers from _____ to _____

Application fee of **\$75.00**. Make checks payable to: **Maine Schutzhund Club** and return with this application and Release of Liability form to: Maine Schutzhund Club; J. Knapp, Treasurer; 17 Berwick St; South Portland, ME 04106.