

# Contact Agility Club

## Application for Pending Membership

### I am applying for:

- Active membership - open to all individuals 18 years or older -- 15.00
- Junior Membership - open to all individuals less than 18 years of age -- \$15.00
- Family Membership - open to all immediate family members -- \$20.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

DOG'S NAME(S) \_\_\_\_\_

BREED (S) \_\_\_\_\_

By making application for membership to this club, I agree to abide by the rules of **Contact Agility Club** and the regulations of the *United States Agility Association, Inc.* I understand that I am expected to work at one trial hosted by **Contact Agility Club** within the next year before being approved as a full member. If I do not, I must wait one additional year before re-applying.

As soon as the requirement is fulfilled, I understand I can become a full member and will pay the required Membership dues ( pro-rated according to the current schedule in effect) for the remainder of the current fiscal year.

In addition, I understand that my privilege to participate in the Monday Night Club Practice at the barn is determined by my dog's agility level. His ability must be competition level, which can be achieved by successful completion of the 4 course levels offered by **Contact Agility Club**. The training committee will review a dog that has been trained elsewhere to determine that the dog is question has achieved this level of performance. I understand that there is a weekly fee to participate.

Signature of  
Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent /guardian if under \_\_\_\_\_

Please submit this application with appropriate fee (payable to Contact Agility club) to:  
Carol Harris  
35 Kayview Ave.  
Bethel, CT 06801