|  |  |
| --- | --- |
|  | Annual Membership fee: $35.00Membership is January 1 to December 31*Dues are* ***not*** *prorated*Dogs must be 4 months old and have rabies vaccination. Proof of vaccination required. |

# Membership Form

## Owner/Handler Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |       |       |       | Date: |       |
|  | Last | First | M.I. |  |  |
| Address: |       |       |
|  | Street Address | Apartment/Unit # |
|  |       |       |       |
|  | City | State | ZIP Code |
| Home Phone: |       | Email | :       |
| Cell Phone: |       |  |  |  |  |

## Dog Information

|  |  |  |  |
| --- | --- | --- | --- |
| Dog #1 Name: |      | Breed: |        |
| Date of Birth: |       |  |  | Gender? | Male[ ]  | Female[ ]  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Dog #2 Name: |       | Breed: |        |
| Date of Birth: |       |  |  | Gender? | Male[ ]  | Female[ ]  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Dog #3 Name: |       | Breed: |        |
| Date of Birth: |       |  |  | Gender? | Male[ ]  | Female[ ]  |  |  |

## Additional Family Members

Only one vote per household.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name(s): |       |  |  |
|  |  |  |  |

## Disclaimer and Signature

As a member in good standing, I agree to adhere and uphold the Bylaws, Rules and the Code of Ethics of this Club and to promote good sportsmanship while acting as a representative of this Club.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Print Name:

Make checks payable to “Shasta Splash Dogs”

Return membership form with $35.00 payment to:

Shasta Splash Dogs

PO Box 991264

Redding, CA 96099-1264