



Capitol Canine Training Club Membership Application

209 East Walnut, PO Box 532 - Chatham, IL 62629
217 / 483-2530
www.capitolcanine.com

Name(s) _____

Address _____ City _____ Zip _____

Phone (home) _____ (work) _____ (cellular) _____

e-mail _____ **Receive the Courier by email? Y / N**

Occupation & Employer _____

Breed(s) & Names(s) _____

Why would you like to become a member? _____

| | | | | | | |
|--|-------|-----------|----------|---|---------|-------|
| Are you or do you plan to show your dog(s)? | | | Yes | / | No | |
| In which arena? | Breed | Obedience | Tracking | | Agility | Other |
| Do you have experience handling a dog competitively? | | | Yes | / | No | |
| In which arena? | Breed | Obedience | Tracking | | Agility | Other |

What titles have you earned? _____

For your information...

Membership dues are \$50.00 annually.

The above information about you will be printed in our club newsletter and the membership will vote on your application in accordance with our Bylaws. Please refer to the attached cover letter, Policies, and Constitution and Bylaws for full membership information.

I hereby agree to abide by the Policies, Constitution and Bylaws of CCTC and the rules of the American Kennel Club. I understand that as a club member I will participate in some of the following activities each year: club clean-up days, obedience trial, agility trial, tracking trial, a committee, club officer, building & grounds, demonstrations and training classes.

| | |
|-------------------------|-------------------------|
| _____ | _____ |
| Application Date | Applicant's Signature |
| _____ | _____ |
| 1st Sponsor's Signature | 2nd Sponsor's Signature |

Canine Courier publication date _____ (for club use) Accepted Rejected

Membership meeting/Event dates _____ (circle one)

Applicant notification date _____

Payment of \$50.00 application fee is attached _____. Check # _____ or Cash _____.