

## Dog Tracking Club of Maine Membership Application



I hereby request to be elected to membership in the DOG TRACKING CLUB OF MAINE (DTCM). I understand that the DTCM dedicates itself to promoting and participating in the American Kennel Club (AKC) sport of tracking. I certify that my privileges with the AKC (if applicable) are not currently under suspension.

I agree to abide by the by-laws of the DTCM and to represent the sport with the highest ethical standards. I also agree that I will never knowingly involve myself in actions that would be detrimental or harmful to dogs.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fee paid

Please complete the attached Membership Biography Form and return the completed application form with the required \$20 to the Membership Chair or to one of the officers of the Club. Upon acceptance, the fee will be applied to the current year's dues.

# Dog Tracking Club of Maine Membership Biography

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

## Current Designation (Check all that apply.)

- |                          |                           |                          |                            |
|--------------------------|---------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Tracking exhibitor        | <input type="checkbox"/> | Tracking judge             |
| <input type="checkbox"/> | Obedience exhibitor       | <input type="checkbox"/> | Obedience judge            |
| <input type="checkbox"/> | Conformation exhibitor    | <input type="checkbox"/> | Conformation judge         |
| <input type="checkbox"/> | Breeder                   | <input type="checkbox"/> | Lure coursing participant  |
| <input type="checkbox"/> | Herding trial participant | <input type="checkbox"/> | Field trial/ hunting tests |
| <input type="checkbox"/> | Terrier trials            | <input type="checkbox"/> | Therapy dog work           |
| <input type="checkbox"/> | Schutzhund                | <input type="checkbox"/> | Dog owner only             |
| <input type="checkbox"/> | Agility exhibitor         | <input type="checkbox"/> | Other (please describe):   |
| <input type="checkbox"/> | Rally exhibitor           | _____                    | _____                      |

## Current Canine-Related Affiliations (Clubs, etc.)

<u>Club</u>	<u>Office (if any)</u>
_____	_____
_____	_____
_____	_____

## Canine Biography

(Please list dogs owned past or present.)

Name of Dog	Breed	Titles	Living? Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mail Membership Form to:

Gina Snow

g\_sno@msn.com

P.O. Box 325

Mt Vernon, ME 04352