

Membership Category:
 Single \$30.00
 Household \$40.00 (two adults living in same household)
 Junior \$10.00 (under the age of 18 – non-voting)

Application Date: _____
 Approval Date: _____
 MADTA IS A 501c(3)

Annual Dues are due by December 31



Membership Application- Print Legibly

Membership in MADTA is open to all persons who are in good standing with the American Kennel Club and who subscribe to the mission and policies of MADTA. Applicants must attend two (2) consecutive general meetings as a guest, and complete at least one volunteer activity at a MADTA sponsored event, prior to being voted upon for full membership.

Name: _____

2nd Applicant Name: _____

Address: _____

City/State/Zip: _____

	Phone	Cell	Work	Email
1 st Applicant				
2 nd Applicant				

Occupation: _____ Retired: _____ Yes _____ No

2nd Applicant Occupation _____ Retired _____ Yes _____ No

Are you a member of any other dog clubs? _____ Yes _____ No

If yes List the clubs you are a member of.

Areas of Interest: Check all that pertains.

Obedience Rally Agility Conformation Tracking Hunting
 Herding FastCat Scent Work Barn Hunt Therapy Dog Other

Breed of Dog(s) you own: _____

APPLICATION CONTINUES ON BACK

I hereby agree to abide by the Constitution, By-Laws, policies and procedures of the Marion-Alachua Dog Training Association, Inc. and the American Kennel Club. I also agree to have all of my dogs current on required vaccinations and will provide a veterinarian's certificate as proof before any of my dogs participate in club functions.

Signature: _____ Date: _____

2nd Applicant Signature _____ Date: _____

I certify that I have met the qualifications for membership by the following information.

	1 st meeting Date	2 nd Meeting Date	Volunteer Activity	Date of Volunteer
1 st Applicant				
2 nd Applicant				

 Print Name (Applicant) Signature Date

 Printed Name (2nd Applicant – Household) Signature Date

 Printed Name (Junior) Signature Date

Liability Waiver

As a member of the Marion-Alachua Dog Training Association, Inc., a Florida not-for-profit corporation. I, and any guests I bring, assume the risk of any injury resulting to my dog or to myself in connection with any and all activities I participate in with the Marion Alachua Dog Training Association, Inc., Insofar as concerns my Liability and that of Marion Alachua Dog Training Association, Inc., any of its members, Officers, and the owner(s) of any facilities used by the Club. I also hereby indemnify and agree to hold harmless the Marion-Alachua Dog Training Association, Inc., any of its members, Officers, and the owner(s) of any facilities used by the Club against any and all claims for liability for damage to the persons or property of others caused by my dog or myself while on the training area used by said Club or any property adjacent thereto.

 Print Name (Applicant) Signature Date

 Printed Name (2nd Applicant) Signature Date

 If applicant is under the age of 18, Parent or Guardian Date

For further information about Marion Alachua Dog Training Association Inc. see our website at

WWW.MADTA.Org

Send, completed form with membership dues to MADTA c/o MADTA Treasurer 6600 NW 3rd Place Ocala, FL.

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