

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: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____ Work: _____

E-Mail: _____

Occupation: _____ Retired: Yes No

List Other Dog Clubs of which you are a member (AKC, UKC, ASCA, CPE, USDAA, local clubs, out-of-state clubs, etc.)

Areas of Interest:

OB, Rally, Agility, Conformation, Tracking, Hunting, Herding, FastCat Scent Work, Other

Breed of Dog(s) _____

I hereby agree to abide by the Constitution and 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 function.

Signature: _____ Date: _____

I certify that I have attended meetings of the General Membership on _____ and _____,
Date Date

and volunteered at the following MADTA club function: _____.

Printed Name (Applicant) Signature Date

Printed Name (2nd Applicant - Household) Signature Date

Printed Name (Junior) Signature Date

Application Continued on Back

I have enrolled my dog and myself in a training class and/or other dog related activity sponsored by 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 this activity insofar as concerns my liability and that of the 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.

Printed Name

Signature

Date

If under the age of 18, Parent or Guardian:

Printed Name

Signature

Date

For information about MADTA, its class schedule, and trials and events see www.madta.org or visit us on Facebook.

Please make checks payable to MADTA and mail to: Cheryl Donaldson, 822 Dawn Avenue, Interlachen, FL 32148

MADTA is a 501c(3) organization

Revised 06/2020