Membership Category:
 Application Date: ______

 ____Single \$20.00
 Approval Date: ______

 ____Household \$30.00 (two adults living in same household)
 Approval Date: _______

 ____Junior \$10.00 (under the age of 18 – non-voting)
 Application Date: _______



MEMBERSHIP APPLICATION

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, UK	C, ASCA, CPE, USDAA, local clul	os, out-of-state clubs, etc.)		
Are you an exhibitor?	•	-			
Breed of Dog(s)					
Titles Attained:					
Interest in or suggestions for activities?					
I hereby agree to abide by the Const Training Association, Inc. and the Ar required vaccinations and will provi club functions.	nerican Kennel C	lub. I also agree to have all	of my dogs current on		
I certify that I have attended meetir	ngs of the Genera	l Membership on	and,		
and volunteered at the following M	ADTA club function	Date on:	Date		
Printed Name (Applicant)	Signature		Date		
Printed Name (2 nd Applicant - Household)	Signature		Date		
Printed Name (Junior)	Signature		Date		

(Application Continued on Back)

Statement of Participation Without the help of volunteers, no club can be successful. One of the greatest gifts you can give is your time! You are expected to attend two consecutive general meetings on the third Tuesday of the month and volunteer for at least one activity to become a MADTA member. Please indicate below in which activities you are interested in working/helping. Check as many as you like.					
 Teach Classes (circle venues) OB, Rally, Agility, Conformation, Other Assist with Teaching Assist with Class Registration Assist with CGC/CGCA Tests Assist at Sho-N-Go/Matches Other 	 Setup-Take Down at Trials Committee Work Trophies Ribbons Hospitality Other 	 Build Repair Other Building & Grounds Cleaning Supply Restocking Landscape Work Other 	 Computer Work Computer Graphics Publicity Seminars Hold Office Building Setup/Break- down for Special Events Raffle Baskets/Ticket Selling 		
Trial Specific Jobs Stewarding at Trials is a great way to learn about competing in our dog sports venues. Volunteers are especially needed to make our sanctioned Trials successful. Free stewarding workshops are held periodically for anyone interested in working.					
Obedience Trial Jobs	Rally Trial Jobs	Agility Trial Jobs	Lure Coursing Jobs		
Cate Steward Table Steward Ring Steward	Gate Steward Table Steward Timer Ring Steward	Gate Steward Scribe Timer Scribe Sheet Runner Leash Runner Ring Crew Course Builder	 Equipment Operator Start Line Signaler Table Steward Timer Score Sheet Runner Catch Area Steward Course Builder Dog Health Inspector 		

Liability Release

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 it members, Officers, and the owner(s) of any facilities used by the Club Agrinor Alachua Dog Training Association, Inc., any of it 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 <u>www.madta.org</u> or visit us on Facebook.

Please make checks payable to MADTA and mail to: Connie Adams, 19434 SW 101st Place Road, Dunnellon FL 34432-9214