



**The Savannah Dog Training Club, Inc.
Membership Application**

Applicant Name(s) _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____ Cell Phone (____) _____

Occupation _____

Number of Dogs Owned _____ Breed(s) _____

Areas currently showing: ___ Agility ___ Conformation ___ Field Trials ___ Herding
 ___ Obedience ___ Rally ___ Tracking

Please list titles held by your dog(s) _____

Are you a breeder? ___ Yes ___ No

Other dog related activities _____

I/We would like to apply for membership in The Savannah Dog Training Club, Inc. and agree to abide by its Constitution and By-Laws and the rules of the American Kennel Club, Inc.

Annual Membership Dues (January 1-December 31):

___ Individual-\$30.00 ___ Family-\$35.00 ___ Associate- \$20.00 ___ Senior- \$15.00

Date _____ Applicant Signature(s) _____

Applicant(s) Sponsors: 1. _____

2. _____

Applicant(s) First Meeting Date: _____

Second Meeting Date: _____

**REVOCABLE
AUTHORIZATION FOR EMAIL NOTIFICATION OF CLUB BUSINESS**

_____ Pursuant to Article II, Sections 1, 2, 3 and 4 and Article VII, Section 2 of the Constitution and By-Laws of The Savannah Dog Training Club, Inc. effective October 31, 2013, and the American Kennel Club's policy regarding email notification:

I/We authorize The Savannah Dog Training Club, Inc. to notify me/us of Club events (general club meetings, special club meetings, board meetings, special board meetings, meeting minutes, dues notices, training sessions, Club trials, and any other Club business via email at the address listed below (in lieu of any other notice).

I/We release The Savannah Dog Training Club, Inc. from any liability should the notification be received late or not received by me/us at all due to circumstances beyond the club's control. I/We understand that I/we are responsible for notifying the Club's recording secretary of email address changes. I/We understand that I/we may revoke this authorization at any time by submitting a signed written notice of revocation to the Club's recording secretary.

Member Name(s) _____

Email Address _____

Date _____ Member Signature(s) _____

OR

AUTHORIZATION FOR NOTIFICATION OF CLUB BUSINESS BY U.S. MAIL

_____ I/We wish to receive notice of Club events (general club meetings, special club meetings, board meetings, special board meetings, meeting minutes, dues notices, training sessions, Club trials, and any other Club business via the U.S. Postal Service at the mailing address listed below.

Member Name(s) _____

Mailing Address _____

Date _____ Member Signature(s) _____

ACKNOWLEDGMENT OF CLUB EMAIL POLICY

_____ I/We agree that Club member email addresses are to be used for Club business only.

I/We agree that we will not use Club member email addresses for any type of solicitation.

Member Name(s) _____

Date _____ Member Signature(s) _____