

PAWS SQUAD MEMBERSHIP APPLICATION



APPLICANT INFORMATION

Name:

Home Phone:

Cell Phone:

Email:

Current address:

City:

Province:

Postal Code:

Sponsoring Member:

Type of Membership: Single Family

DOG INFORMATION

Dog #1

Name:

Breed:

Age:

Current level of training:

Are you interested in trialing your dog? Yes No**Dog #2**

Name:

Breed:

Age:

Current level of training:

Are you interested in trialing your dog? Yes No

EMERGENCY CONTACT (REQUIRED)

Name:

Relationship to you:

Phone #:

Alternate Phone #:

TELL US MORE ABOUT YOU

What are your interests, hobbies and/or talents?

Why are you interested in joining Paws Squad?

****MEMBERS ARE EXPECTED TO PARTICIPATE IN THE RUNNING OF THE CLUB*******I have read the Paws Squad Canine Sports Club Membership Rules and agree to abide by the contents therein.***

Date of Application:

Pending Member Signature:

Sponsoring Member Signature:

TO BE COMPLETED BY PAWS SQUAD MEMBERSHIP COORDINATOR

Date application received:

Date membership approved:

Approved: Yes No

If not approved, reason:

PLEASE EMAIL YOUR COMPLETED FORM TO:

pawssquad@gmail.com