

**HILLTOWN HOUNDS AGILITY CLUB
APPLICATION FOR MEMBERSHIP**

Please Print or Type

1. CONTACT DATA

Your Name:

Mailing Address:

Home telephone #:

Day time (9AM-5PM) telephone #:

Cell phone #:

Email Address:

2. INFORMATION ON YOUR DOG

Dog's Name:

Dog's Age:

Dog's Breed:

Does your dog have any special needs (an example is my dog is not good at sharing; my dog is food aggressive):

3. PRIOR TRAINING WITH YOUR DOG – INCLUDE ALL THAT APPLY

Obedience

Agility

Flyball

Rally-O

Other

4. PLEASE LIST TRAINERS AND TRAINING FACILITIES

5. HAVE YOU EVER TRAINED A DOG FOR AGILITY?

If, yes, please provide detailed information on that training.

6. MY GOALS FOR AGILITY TRAINING ARE:

By signing this form:

- **I agree to uphold the By-Laws of the Hilltown Hounds Agility Club, Inc. I further agree to adhere to any and all revisions of said by-laws that are voted in during my Membership.**
- **I agree to adhere to any rules or restrictions that apply to the training facility.**
- **I request my application for Membership be reviewed and formally processed according to the By-Laws of the Hilltown Hounds Agility Club, Inc.**

Signature of Applicant

Date of Application

Area below for use of Board of Directors

Application Accepted / Denied

Date of Action