



Stafford Dog Club
P.O. Box 1351, Stafford, Virginia 22555-1351
Membership Application

Name:		Home Phone:	Work/Cell Phone:		
Street Address:		City/State:	Zip:	Occupation:	
Email:		Spouse (if applying):		Spouse Occupation:	
Dog Breeds Owned:		Kennel Name (if applicable)			
Areas of Interest: (check all that apply)		<input type="checkbox"/> Conformation	<input type="checkbox"/> Obedience	<input type="checkbox"/> Agility	
		<input type="checkbox"/> Herding	<input type="checkbox"/> Tracking		
		<input type="checkbox"/> Other (please specify): _____			
Are you a licensed judge? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Professional Handler? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any other Dog Club affiliations:					
Do you have any experience or skills that you are willing to share with SDC? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please state your experience and/or skills:</i>					
<input type="checkbox"/> Single Membership \$ 20.00					
<input type="checkbox"/> Family Membership \$ 25.00 (2 or more same family)					
<i>I/we apply for membership in the Stafford Dog Club and pledge to abide by its Constitution, Policies and Code of Ethics.</i>					
Applicant Signature:		Date:	Applicant Signature:		Date:
<i>I have reviewed this application and I sponsor the applicant(s) for membership in the Stafford Dog Club.</i>					
Sponsor Signature:		Date:	Sponsor Signature:		Date:
FOR CLUB USE ONLY					
		Signature:		Date:	
Date application received:	<input type="checkbox"/> Check enclosed	Readings: <input type="checkbox"/> 1 st		<input type="checkbox"/> Rabies/County docs UTD	
Sponsor 1:		Sponsor 2:			
Date application approved:		<input type="checkbox"/> Membership Packet Mailed/Delivered			

SDC Membership Information/Instructions

1. Fill out the application on the reverse.
2. If possible, please have two SDC members in good standing endorse your application before submitting it for approval.
3. Please remember to include payment with your application. Make checks payable to “Stafford Dog Club”. Mail your application with your dues payment to:
Stafford Dog Club Secretary
P O Box 1351
Stafford, VA 22555
4. Your application shall be read and voted on at the following month’s meeting.
5. Prospective members must attend two club meetings before they can be voted on. In other words, you may attend club meetings before you are actually voted in as a member.
6. To continue membership in the club, members must participate in at least one club function during the fiscal year.
7. If you have any questions, email Sherry at SLRifley@aol.com