



APPLICATION FOR MEMBERSHIP

TO DERBY CITY AGILITY ASSOCIATION, INC.

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell: _____

Please select the membership you are applying for:

Family Membership \$40

Single Membership \$30

Please have two DCAA members in good standings sponsor you:

1. _____ 2. _____

Have you ever been suspended or had your privileges revoked by any dog registry?
(AKC, UKC, USDAA, ASCA, CPE, NADAC) YES NO

A FEW "GET TO KNOW YOU" QUESTIONS:

Breeds of dogs you currently own: _____

Do you participate in conformation? YES NO

Do you participate in obedience? YES NO

Other dog related activities: _____

Other hobbies or interests: _____

Signature: _____ **Date:** _____

Send check and form to teh DCAA President @

CLUB USE ONLY: Membership fee received by: _____

Amount: _____ Cash: _____ Check #: _____