



Admiral Perry Obedience Training Club, Inc. Membership Application

Name _____

Home Address _____ Phone & email _____

Type of Membership (Check One :) _____ Family (\$15.00 per year)
_____ Individual (\$10.00 per year)

If family, name of family members _____

APOTC Sponsor _____

Breed(s) currently owned _____

Membership in organizations for the betterment of pure-bred dogs _____

Training Experience _____

A K C Titles Earned _____

Why do you wish to become a member of APOTC? _____

If my application is accepted, I agree to:

Support and obey the by-laws, constitution, and rules and regulations of the club and the American Kennel Club.

Avoid any and all practices or conduct of a manner prejudicial to the sport of pure-bred dogs.

Give of my time and talents as needed for the support of the club activities and functions.

Signature _____ Date _____

*****APOTC Secretary Use Only*****

Meeting Attended:

____/____/____
____/____/____
____/____/____

Application Read:

____/____/____
____/____/____
____/____/____

Board Approved :

____/____/____

Dues/Paid:

____/____/____