Calusa Agility Dog Club

New Member Application

Please Circle One:	individual @ \$35 pe	r year — Far	niiy \$50 per year
Name:			
Second Name (Family me	mber)		
Street Address:			
City:		State:	Zip:
Phone Day Time:	C	Cell:	
Email:			
List your dog(s): Breed(s)	– Age(s):		
Are you competing in dog	sports? List:		
If agility, what level are yo	ou competing in?		
Have you participated in a	CDAC Event? YES / NO Wh	ich one?	
How did you hear about C	CDAC?		
Sponsorship by two curre	nt CDAC members:		
1.		2	
Members:			
applicant will be introduce four (4) hours for individu hours. At the second mee	o (2) monthly club meetings. Duri ed to the current club members. A al/Junior membership. Family me eting, applicant will be voted in aft	Applicant must volunte mbership requires a vo er completing the volu	er at CDAC event(s) a minimum plunteering of a minimum six (6) unteer hours as per membership.
irst Meeting Date: Second Meeting Date:			
Dues are to be paid at the	time the applicant is voted in and	l approved by the Club	Members in Good Standing.
Date voted on:	Dues Paid: \$	Check #	Cash: \$
The Board of Directors ha	s the right and sole direction to re	duce membership req	uirements for any members.

By my signature below, I certify that I have completed the membership requirements request membership in CDAC.	as listed above and hereby			
Signature:	Date:			
Mail or give this form to the President of CDAC. Once a member, please give your yearly dues to the President.				
Welcome to the CDAC, we look forward to your participation with the club!				
Phyllis Biedron, CDAC President				
2233 SE 28 th Street				
Cape Coral, FL 33904				
blairwoodcanine@yahoo.com				

773-235-7489