

Canine Country Application for Membership

Applicant's Name: _____

Mailing Address: _____

Telephone (home): _____

(other): _____

Email Address: _____

I am applying for : _____ Weekday Memberships or _____ Full Membership

Please list your dogs:

Name	Breed	Renewal dates for		
		Rabies	DHLP	Bordatella
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please attach a copy of your vaccine records)

I have read and understood the Rules and Guidelines associated with Canine Country and I agree to abide by them and others that may be added during the term of my membership. I have also read, understood, and signed the Waiver of Liability.

(sign your name)

Date

The space below is for office use only:

Membership valid from _____ to _____