

**KEYSTONE CANINE TRAINING CLUB
MEMBERSHIP APPLICATION
(PLEASE PRINT!)**

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone: _____

E-Mail Address _____

Any professional or personal skills:

Breed(s) of
Dog(s) _____ Name(s) _____

Other Dog Clubs and/or activities to which you belong & offices held: _____

Each member must volunteer for at least one activity each year. What would you be willing to volunteer for?

____ Ring Steward ____ Assistant/Instructor ____ Fundraising ____ Publicity

____ Building Maintenance ____ Community Day ____ Event Planning

Other (please explain) _____

Why are you interested in joining this club? _____

What classes have you attended at Keystone? _____

I/we agree to abide by the Constitution and By-laws of the Keystone Canine Club.

Signature of Applicant

Signature of Applicant

Membership in the Keystone Canine Club requires the endorsement of two existing members.

Signature of Endorser

Signature of Endorser

Print Name of Endorser

Print Name of Endorser

Send completed application and check for \$70.00 made payable to "Keystone Canine Club" to the Membership Chair:

**Marian Roznowski
1849 Fallowfield Ave.
Pittsburgh, PA 15216**