



Dog Owners' Training Club of Maryland, Inc.

2019-2020 Membership Form

HANDLER/OWNER: _____ * CELL PHONE: _____

STREET ADDRESS: _____ * OTHER PHONE: _____

CITY, STATE, ZIP: _____ * EMAIL ADDRESS _____

BREED(S) OF YOUR DOG(S): 1 _____ * NAMES OF YOUR DOG(S): 1 _____

2 _____ 3 _____ * 2 _____ 3 _____

DOTC MEMBER SINCE YR. (best guess): _____

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VETERINARIAN'S NAME: _____ PHONE: _____

PLEASE ATTACH COPY OF EACH DOG'S IMMUNIZATION RECORD (if available) AND RABIES INFORMATION

PERSONAL EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE: _____

OUR CLUB'S SUCCESS DEPENDS ON THE INVOLVEMENT OF ITS MEMBERS.

PLEASE SELECT ANY/ALL AREAS IN WHICH YOU WOULD LIKE TO PARTICIPATE.

instructor/assistant _____ marketing/advertising _____ newsletter contributor _____ photographer _____ awards _____
set-up for weekly classes _____ show catalog ads/sponsors _____ any special talents? _____

STATEMENT OF RESPONSIBILITY: I have received and read a copy of AKC's Code of Sportsmanship. I have read and understand the Bylaws and Constitution of Dog Owners' Training Club of Maryland, Inc. which is found on the Home Page of the DOTC website. I willingly agree to hold harmless DOTC and/or its Officers, Board of Directors, members, instructors and property owners on which any activities are held from any claims of loss, including injury or death that may be alleged to have been caused directly or indirectly to me or my dog(s) while participating in the sport of Dog Obedience or any other DOTC activities. I personally assume all responsibility and liability when entering the DOTC activities/premises for whatever purpose at my own risk, including without limitation such risks, claims or injuries as my dog, my guest or I may sustain as a result of other dogs and/or their handlers'/owners' failure to abide by the above Statement of Responsibility and the Club's Rules and Regulations.

SIGNATURE _____ PARENT (if under 18 yrs.) _____

Please complete and return with membership fees, copies of immunization records and rabies certificate:

Robin Graham, DOTC Registrar 2960 Duvall Road Woodbine, MD 21797 410-615-9704 RLGraham56@aol.com