**ALL BREED TRAINING CLUBOF AKRON, INC.
Mailing address: ABTCA, P.O. Box 400, Tallmadge, OH 44278-0400**

229 E. Howe Rd., Tallmadge, Ohio 44278

All Breed Training Club of Akron, Inc. is a member of the American Kennel Club,
and a non-profit corporation.

**APPLICATION FOR ASSOCIATE MEMBERSHIP**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check here if the applicant is less than 18 years of age.

 Check here if you do not want your contact information listed in the membership roster available to all members and do not want to be notified of club meetings and events.

Breed(s) of dog(s) currently owned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous dog club experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the purpose of this club is to advance the best interests of the dog and the dog fancier in all matters, especially to further the interest in obedience training of dogs. I understand that another function of this club is to conduct classes in obedience training, and instruct the dogs’ handlers in approved methods of such training, and to foster and maintain among the members a warm friendship and the highest sportsmanship.

As a member, I will exert my best efforts to further this purpose and support the club projects.

Dues are payable in full with membership application. Applicant will be voted upon for regular membership upon the member’s request after at least 12 months of membership.

Associate members will have all club privileges except for voting and holding office and serving as a committee chairperson, providing they meet the requirements of active status for Associates.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian if applicant is under 18:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or guardian:

**MEMBERSHIP LIABILITY WAIVER**

In applying for membership and in participating in the activities, I hereby agree to abide by the rules and regulations of the All Breed Training Club of Akron, lnc. (the Club). In consideration of the application of membership and participating in the Club’s activities, I hereby agree to hold the Club, its members, directors, officers, committees and any and all persons connected with said Club in whatever capacity, harmless from: (1) any loss or injury that may occur to any person or thing by the act of my dog(s) while in or upon the premises or grounds or near or at any entrance or exit thereto, and I personally assume all responsibility and liability for any such claim; (2) the disappearance and/or loss by theft or otherwise, and/or death of my dog(s)caused or alleged to be caused by the negligence of the Club or of any of the parties aforementioned, or by the negligence of any other person, or any other cause or causes. I agree that any animal may be barred from activities if, in the opinion of the Club, such animal is physically incapacitated or otherwise unsuited for such activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Sign Name Print Name Date

Signature of parent or guardian if applicant is under 18:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Sign Name Print Name Date

**You will be able to create a login to the member section of the club website once your application has been accepted: www.akronallbreed.org**

*Any questions about the application may be emailed to the Secretary at abtcasecretary@gmail.com .*