

**DANUBIUS SCHUTZHUND CLUB – MEMBER APPLICATION FORM**

Date Applied \_\_\_\_\_ Date Approved\* \_\_\_\_\_ Full Member Eligibility Date \_\_\_\_\_

Full Member Approval Date \_\_\_\_\_ Approved By \_\_\_\_\_

Applicant Name \_\_\_\_\_

2<sup>nd</sup> Member \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address or P.O.Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**ANNUAL MEMBERSHIP PRICING (MAY TO MAY OF EACH YEAR)**

Single Membership with one (1) dog \_\_\_ (\$500) Family Membership with one (1) dog \_\_\_ (\$600) Youth Single Membership \_\_\_ (\$350)

Single Membership with two (2) dogs \_\_\_ (\$850)

**A current membership with United Schutzhund Clubs of America (USCA) is required.**

USCA number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2<sup>nd</sup> members USCA Number (family membership) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**List all dogs you will be training/working at Danubius Schutzhund Club**

Dog No. 1:

Breed: \_\_\_\_\_ Call Name: \_\_\_\_\_

ScorebookType: USCA WDA AWDF OTHER Scorebook Number: \_\_\_\_\_

Registered Name: \_\_\_\_\_

Sex: Male Female Spayed/Neutered? Yes No Date of Birth: \_\_\_\_\_

Registry and Registration Number: \_\_\_\_\_

Titles: \_\_\_\_\_

Veterinarian Clinic Name: \_\_\_\_\_

Vaccination Dates: DHL/Parvo \_\_\_\_\_ Rabies \_\_\_\_\_

Dog no. 2:

Breed: \_\_\_\_\_ Call Name: \_\_\_\_\_

Scorebook Type: USCA WDA AWDF OTHERS Scorebook Number: \_\_\_\_\_

Registered Name: \_\_\_\_\_

Sex: Male Female Spayed/Neutered? Yes No Date of Birth: \_\_\_\_\_

Registry and Registration Number: \_\_\_\_\_

Titles: \_\_\_\_\_

Veterinarian Clinic Name: \_\_\_\_\_

Vaccination Dates: DHL/Parvo \_\_\_\_\_ Rabies \_\_\_\_\_

**Training Agreement and Understanding of Liability**

1. I understand and agree that my participation in Danubius Schutzhund Club is at my own risk.
2. I understand that I am responsible for the actions of my dog(s) and agree to keep my dog(s) properly restrained at all times.
3. I agree to hold Danubius Schutzhund Club, its officers, directors and members, as well as any ground or property owners, harmless for loss or injury to any person, dog, or things, and by any action of my dog(s) while on the training/trial/seminar grounds. I agree to personally assume all responsibility and liability for any such claim.
4. I understand that the training of my dog(s) is primarily for the purpose of schutzhund/IPO.
5. I understand that schutzhund/IPO training is a sport. It is not "protection" or "guard dog" training.
6. I agree to abide by the Constitution and By-laws of Danubius Schutzhund Club.
7. No refunds or substitutions for any fees paid shall be allowed.

Signature of Applicant

Date

\_\_\_\_\_  
Member Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Sponsor

\_\_\_\_\_  
Date

**For treasurer: This section to be used when affiliate member status is achieved.**

Annual Training Fee Paid \_\_\_\_\_

Monthly Dues Paid \_\_\_\_\_

Total fees paid \_\_\_\_\_

Date Paid \_\_\_\_\_

Cash \_\_\_

Check \_\_\_

Check No. \_\_\_\_\_

**ADDITIONAL APPLYING MEMBER INFORMATION**

Date Applied \_\_\_\_\_

Date Approved\* \_\_\_\_\_

Full Member Eligibility Date \_\_\_\_\_

Full Member Approval Date \_\_\_\_\_

Approved By \_\_\_\_\_

Applicant Name \_\_\_\_\_

2<sup>nd</sup> Member \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address or P.O.Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Email \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

- \* What is your dog training experience? Include academic training, seminars and/or workshops, certifications, titles etc.
  
  
  
  
  
  
  
  
  
  
- Memberships in other dog/training groups. (Indicate if any are current)
  
  
  
  
  
  
  
  
  
  
- Why do you want to join Danubius Schutzhund Club?
  
  
  
  
  
  
  
  
  
  
- What do you expect to gain from your membership?
  
  
  
  
  
  
  
  
  
  
- What do you have to offer Danubius Schutzhund Club?