

2018 Canine Training Association Membership

The \$180.00 per year fee for the **Annual Obedience Membership** in the Canine Training Association, Inc. covers all dogs in the home with no charge for any obedience class. For those finishing a Basic or Puppy class or transferring from another training club, the fee is \$90.00 for half of the year or any part thereof, as shown in the table below. The Obedience Membership permits pre-scheduled, private use of the Beltsville obedience building for an hourly fee when there are no events or classes scheduled.

The **Annual Agility Membership** is \$150 (with the same half yearly cost reduction for those joining throughout the year.) Unlike obedience members, agility members pay for each agility class but at a reduced rate. Annual agility membership is open to anyone after completing a CTA agility class or transferring from another approved agility group. The Agility Membership permits pre-scheduled, private use of the agility facility for an hourly fee when there are no events or classes scheduled. The fee for the **Combined Obedience and Agility Membership** is \$190.00, with reductions as shown below.

The **Associate Membership** fee is \$20 per year. This entitles members to newsletters and notice of the annual awards dinner and picnic, but does not include training classes. The associate membership can be upgraded to the annual obedience or agility membership at any time.

Membership Schedule	Full Year	Prorated
	Jan 1 – Dec 31	Jul 1 – Dec 31
Obedience Membership	\$180	\$90
Agility Membership	\$150	\$75
Combined Membership	\$190	\$95

Membership Type: Obedience Agility Combined Associate Instructor (no fee)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

Email: _____ Check to receive email newsletter

I agree to hold harmless the Canine Training Association, Inc. and/or its officers, board of directors, members, stewards, helpers and the owners of the premises on which the training and workshops are held from any claim for loss or injury which may be alleged to have been caused directly or indirectly to me or to my dog(s) while participating in any event at any premise used for said purpose. I personally assume all responsibility and liability and enter said premise, training session, workshop, match and/or agility, obedience and any other dog activity, for whatever purpose, at my own risk.

Signature

Date

[Member Name: _____]

Additional household members to be included in membership:

I agree to hold harmless the Canine Training Association, Inc. and/or its officers, board of directors, members, stewards, helpers and the owners of the premises on which the training and workshops are held from any claim for loss or injury which may be alleged to have been caused directly or indirectly to me or to my dog(s) while participating in any event at any premise used for said purpose. I personally assume all responsibility and liability and enter said premise, training session, workshop, match and/or agility, obedience and any other dog activity, for whatever purpose, at my own risk.

Name: _____ Phone: _____

Email: _____

Signed: _____ Date: _____

Name: _____ Phone: _____

Email: _____

Signed: _____ Date: _____

Name: _____ Phone: _____

Email: _____

Signed: _____ Date: _____

Payment:

Make check or money order payable to **Canine Training Association, Inc.** and return to:

Susan Beatty
Membership Chairman
27 Wallace Manor Road
Edgewater, MD 21037

[Member Name: _____] **Dogs you will be training:**

Dog #1			
Name		Breed	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	
Health Record			
Date Inoculated for DHLPP			
Date Inoculated for Rabies	County	Tag/Certificate #	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year
Name of Veterinarian/Animal Hospital			Vet's Phone
Address	City	State	ZIP

Dog #2			
Name		Breed	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	
Health Record			
Date Inoculated for DHLPP			
Date Inoculated for Rabies	County	Tag/Certificate #	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year
Name of Veterinarian/Animal Hospital			Vet's Phone
Address	City	State	ZIP

Dog #3			
Name		Breed	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	
Health Record			
Date Inoculated for DHLPP			
Date Inoculated for Rabies	County	Tag/Certificate #	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year
Name of Veterinarian/Animal Hospital			Vet's Phone
Address	City	State	ZIP