

Clinton County Canine Club, Inc.

P.O. Box 101, Plattsburgh, NY 12901

New Membership Application

In order to become a new member, **you must have already taken at least one CCCC class.**

Class Name: _____ Date: _____

Instructor's Name (Please print): _____

Instructor's Signature _____

Name(s) of

Applicant(s) _____

As of March 1, 2020, if applying for family membership, all listed members must reside at the same address.

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Email Address _____ (Please print very legibly)

Occupation(s) _____

If retired, please indicate your pre-retirement occupation

Breed(s) of Dog(s) _____

Date of Application _____ Individual _____ Family _____

Areas of interest for you and your canine (check all that apply):

- Agility Breed Exhibition Family Dog Manners
 Obedience Competition Outdoor Winter Sports Rally
 Therapy Dog Tracking Just Plain Fun!

Briefly describe your dog-related goals and what you aspire to achieve as a member of the Club _____

Give a brief history of your interest and experience with dogs _____

We expect every club member to be an active member. Areas you would like to help (check all that apply):

- Public educational presentations Publicity Website design/support
 Canine equipment set-up/take down Contributing to newsletter Event planning
 Serving on a committee Advanced computer skills Instructing/assisting classes
 _____ Other (describe): _____

Note: Your responsibility to the Clinton County Canine Club includes your active participation in Club membership meetings and activities. We ask that you attend one Club membership meeting each year (held in June, September, December & March) after being accepted as a full member. All club members are welcome to attend any monthly club meetings. A minimum of 5 hours donated time to club activities/events/projects annually is encouraged.

What talents or expertise could you contribute to the Club? (Please check all that apply):

- Dog training skills Creating Signs/displays Simple construction skills

___ Writing short articles ___ Photography ___ Video Shooting & Editing
___ Advertising/Public Relations ___ Event Planning ___ Dog Grooming
___ Public Presentations ___ Other(describe): _____

Community Outreach:

Therapy Dog? Yes _____ No _____

Would you be interested in receiving information about group therapy dog visits or activities? Yes _____ No _____

I am currently not under suspension of the American Kennel Club or any other dog club. I agree to abide by the constitution of the Clinton County Canine Club and the rules of the American Kennel Club.

SIGNED _____ DATE _____

MEMBERSHIP FEE: \$30/year Family, \$20/year Individual

Please make check payable to: Clinton County Canine Club

Note: Fees for new members joining between January 1 and March 31 will be 1/2 the annual fee.

Amount Paid \$ _____

Submit completed application with appropriate fee by mail to:

**Clinton County Canine Club
P.O. Box 101
Plattsburgh, NY 12901**

Please note: Your name and contact information will be published in the Clinton County Canine Club Membership list. The list is for Club use only and cannot be used for commercial purposes.

The section below is to be completed by the Club:

For New Members Only:

Date of Approval: Provisional Membership: _____ Full Membership: _____