

**Membership Category:**

- Single \$20.00
- Household \$30.00 –definition below
- Junior \$10.00 (18 yrs or younger)
- Associate Member \$10.00  
(Non voting, gets newsletter/reward points)
- Additional US Postage: \$5.00 (if no email for MADTails)

(Household Membership includes 2 Adult Family Members living in the same house, i.e., Spouse/partner, adult child.)

Application Date: \_\_\_\_\_

1<sup>st</sup> Reading \_\_\_\_\_

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

**Marion-Alachua Dog Training Association (MADTA)  
Membership Application**

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

(Note: additional \$5.00 fee for US Postage of mailing MadTails vs email)

Occupation: \_\_\_\_\_

Other clubs of which you are a member:

\_\_\_\_\_

Are you an exhibitor?    Yes    No    If yes, in which venues do you exhibit? (check all that apply)  
OB, Rally, AG, Conformation, Tracking, Hunting, Herding, other: \_\_\_\_\_

Breed of Dog \_\_\_\_\_

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

Any interests or suggestions for activities? \_\_\_\_\_

**I hereby agree to abide by the Constitution, By-laws and Rules of Marion-Alachua Dog Training Association, Inc., The American Kennel Club and United Kennel Club. I also agree to have all my dogs current on their vaccinations and will provide a veterinarian's certificate as proof before any of my dogs participate in club functions.**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MADTA Sponsors:**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please make checks payable to MADTA and mail to Mary Anne Fitch, Membership Chair,  
3591 NE 22<sup>nd</sup> Avenue Ocala, Fl. 34479

**(Application continued on back)**

### Statement of Participation

Without the help of volunteers, no club can be successful. How can your membership best benefit MADTA?

You are expected to attend meetings and to volunteer for 2 activities per year. It takes many hands to put on events; your cooperation in helping is of the utmost importance.

I am interested in working/helping on the following activities: (check all interested in)

Classes:	Shows (OB/Rally, Agility:	Equipment:	General/Misc:
<input type="checkbox"/> Teach classes (circle venues) Obedience Rally Agility Confirmation Other: <input type="checkbox"/> Assist with training <input type="checkbox"/> Assist with class registration <input type="checkbox"/> Assist with CGC tests <input type="checkbox"/> Assist at Show & Go <input type="checkbox"/> Other:	<input type="checkbox"/> Setup/Take down at trials <input type="checkbox"/> Stewarding (training to be provided) <input type="checkbox"/> Committee work <input type="checkbox"/> Trophies <input type="checkbox"/> Ribbons <input type="checkbox"/> Hospitality <input type="checkbox"/> Other:	<input type="checkbox"/> Build <input type="checkbox"/> Repair <input type="checkbox"/> Other:	<input type="checkbox"/> Computer work <input type="checkbox"/> Publicity <input type="checkbox"/> Seminars <input type="checkbox"/> Hold Office <input type="checkbox"/> Building setup/breakdown for special events <input type="checkbox"/> Help with raffle baskets, selling tickets <input type="checkbox"/> Other:

### Liability Release

**I have enrolled my dog and myself in a training class and /or other dog related activity sponsored by the Marion-Alachua Dog Training Association, Inc., a Florida not-for-profit corporation. I, and any guest I bring, assume the risk of any injury resulting to my dog or to myself in connection with this activity insofar as concerns my liability and that of the Marion-Alachua Dog Training Association, Inc., any of its members, Officers and the owner(s) of any facilities used by the Club. I also hereby indemnify and agree to hold harmless the Marion-Alachua Dog Training Association, Inc., any of its members, Officers and the owner(s) of any facilities used by the club against any and all claims for liability for damage to the persons or property of others caused by my dog or myself while on the training area used by said Club or any property adjacent thereto.**

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 Printed name    Signature    Date

**If under age 18, Parent or Guardian:**

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 Printed name    Signature    Date

**Unless I have indicated otherwise on this form, the above signature indicates that I agree to have Club notifications/newsletter sent via email. Yes\_\_\_\_\_ No\_\_\_\_\_**

**If this is a Household Membership, please list names and relationship, living in household:**  
 (consists of 2 adult family members living in same house i.e. spouse/partner, adult child).

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_