

THE SIRIUS WORKING DOG ASSOCIATION
2005 Membership Application

Name(s)

First: _____ Last: _____

Occupation: _____ DOB _____

Address

Street: _____ City: _____

Province: _____ Postal Code: _____

Telephone Numbers and Email Address

Home: _____ Work: _____

Email: _____

The following information about your DOGS must be provided for your application to be considered. Do not leave blank spaces. State none if information is not available. Attach additional sheet if necessary.

Name of Dog	Breed of Dog	Registration Number	TITLES
1 _____	_____	_____	_____
2 _____	_____	_____	_____

What are your main interests in working your dog?

Schutzhund: _____ Obedience: _____ Tracking: _____ Search & Rescue: _____ Agility: _____

Other: _____

Please answer the following questions.

1. Are you a member in good standing of DVG? Yes ___ No ___ (DVG membership is a condition of membership. Your application will not be considered unless a copy of your 2003 DVG membership card or a completed DVG Anmeldung and dues are attached to this application.)

2. Are you a member in good standing of any other dog club? (Please specify)

Annual Membership Dues (check one)

Individual Membership: \$50.00 plus DVG dues _____ Family Membership: \$80.00 plus DVG dues _____

Add to either membership: training fees to be determined at The Association's annual meeting.

Family Membership is defined in Article II, Section 1 (b) of The Association's Bylaws.

I AGREE TO ABIDE BY THE CONDITIONS OF THE BY-LAWS OF THE SIRIUS WORKING DOG ASSOCIATION AND HAVE SIGNED THE ATTACHED WAIVER AND ASSUMPTION OF RISK AGREEMENT. I UNDERSTAND THAT THESE ARE THE CONDITIONS OF BECOMING AND REMAINING A MEMBER OF THE SIRIUS WORKING DOG ASSOCIATION.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

I HAVE READ THE COMPLETED APPLICATION AND ENDORSE THE APPLICANT(S) FOR MEMBERSHIP IN THE SIRIUS WORKING DOG ASSOCIATION BASED ON THE INFORMATION PROVIDED IN THIS APPLICATION AND THE TRAINING DIRECTOR'S EVALUATION (Endorsers must be members in good standing of THE SIRIUS WORKING DOG ASSOCIATION.)

Signed: _____ Date: _____

Signed: _____ Date: _____

Send completed, endorsed application and signed waiver with cheque or money order payable to:
THE SIRIUS WORKING DOG ASSOCIATION

The Sirius Working Dog Association
Unit 31 – 55 Whiting Road, Fredericton, New Brunswick, E6B 5Y5 CANADA

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**AGREEMENT TO HOLD HARMLESS,
WAIVER AND ASSUMPTION OF RISK**

Training and Trial Season January 1-December 31, 2005

WITHOUT PREJUDICE

I, the undersigned, understand that attendance at a **SCHUTZHUND TRAINING SESSION, SCHUTZHUND WORKOUT, SCHUTZHUND TRIAL, OR SCHUTZHUND SEMINAR OR ANY OTHER SCHUTZHUND FUNCTION (SCHUTZHUND MEANS PROTECTION DOG)** is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release the

The Sirius Working Dog Association

Hereinafter referred to as the "**THE ASSOCIATION**", its employees, officers, members and agents from any and all liability of any nature, for injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function, sponsored by the **THE ASSOCIATION**, or while on training grounds or the surrounding area thereto.

In consideration of and as Inducement to the acceptance of my application written or oral for training, membership or participation in functions sponsored by **THE ASSOCIATION**, I hereby agree to Indemnify members and agents from any and all claims, or claims by any member of any family or any other person accompanying me to any training session or function sponsored by the **THE ASSOCIATION**, or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

I further understand that training locations include any public or private place where a training session or other function sponsored by the **THE ASSOCIATION** is scheduled to occur.

SIGNATURE OF DOG OWNER OR AUTHORIZED AGENT:

_____ **DATE:** _____

NAME OF DOG OWNER:

DOG OWNER'S HOME ADDRESS:

SIGNATURE OF WITNESS:

_____ **DATE:** _____