

Teamwork Agility Club of Central Massachusetts



Membership Application

I (we) desire to become a member of Teamwork Agility Club of Central Massachusetts (TACCMA) and provide the following information regarding this application. I also submit a check for annual membership in the amount of \$ _____ (dues are \$25 single membership, \$35 family membership)

Name: _____

Home Address: _____

City, State, Zip: _____

Telephone: _____

E-mail (to be published on membership roster): _____

Profession/occupation: _____

How many dogs do you currently own? _____

What Breeds? _____

What Agility organizations have you competed in?

- | | | | | | |
|-------|--------------------------|-------|--------------------------|------|--------------------------|
| AKC | <input type="checkbox"/> | NADAC | <input type="checkbox"/> | UKI | <input type="checkbox"/> |
| USDAA | <input type="checkbox"/> | CPE | <input type="checkbox"/> | ASCA | <input type="checkbox"/> |

What other dog sports have you competed in?

- | | | | |
|--------------|--------------------------|-----------|--------------------------|
| Obedience | <input type="checkbox"/> | Rally | <input type="checkbox"/> |
| Tracking | <input type="checkbox"/> | Nosework | <input type="checkbox"/> |
| Conformation | <input type="checkbox"/> | Freestyle | <input type="checkbox"/> |

What titles you have attained to date:

What other dog related clubs do you currently belong to?

Do you plan to attend TACCMA Meetings? _____

Will you be able to assist TACCMA at annual Agility Trials? _____

What experience do you have planning and organizing a trial?

What jobs have you performed at an agility trial?

Trial Chair Scribe Score Keeper

Worker coordinator Course Building Tropies

Timer Gate Steward Hospitality

The sponsors of this applicant support that this person(s) will contribute to TACCMA and support the purposes of the Club. (Note: Sponsors must be members in good standing of TACCMA.)

Sponsor Signature: _____

Address: _____

Sponsor Signature: _____

Address: _____

Applicant(s) Signature: _____

Date : _____