

APPLICATION FOR MEMBERSHIP



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Annual Membership \$30/household (competing), \$20/individual June 1st to June 1st every year

Currently running these dogs:

| Name | Breed | Age (years) |
|-------|-------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

RuFF's core values:

- Demonstrate good sportsmanship - in and out of the ring.
- Show kindness - to your dog and each other.
- Be helpful - to each other and the sponsoring club wherever you may go.
- Have fun - with your dogs and human friends.

Please check here to indicate that you've read and agree to follow the core values as a RuFF member!

Yes No

Have you ever been suspended or had your privileges revoked by any dog registry? (NADAC, AKC, UKC, USDAA, ASCA, CPE) Yes No

If yes, please explain (use additional space/back if necessary): _____

Signature: _____ **Date:** _____

Send payment and form to: RuFF Agility, PO Box 6861, Louisville KY 40206.

CLUB USE ONLY: Membership fee received by: _____
Amount: _____ Cash: _____ Check #: _____