



SOUTHERN ADIRONDACK AGILITY CLUB

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Number of dogs _____ Breeds _____

Are you currently training a dog in agility? _____ Have you put any titles on your dogs? _____

What is the highest title you have achieved? _____

Do you currently belong to any other dog clubs and, if so, how do you participate? _____

Have you ever been suspended from the AKC or brought up on charges of animal abuse? _____

Do you agree to abide by the SAAC constitution and by-laws and all rules of the AKC? _____

SAAC agility events are made possible due to the efforts of our members. We value the contribution they make towards SAAC's goals. Members are encouraged to become actively involved in club activities. Would you be willing to work at SAAC events?

Please check off areas of interest:

Agility Committee: Trial Chair Ribbons and Awards Grounds and Equipment Hospitality
 Volunteer Coordinator

Agility Trial Worker: Timer Scribe Ring crew Course Builder Score Runner Gate Leash Runner

Applicant Signature _____

SAAC Member Sponsors: 1) _____ 2) _____

Membership Fees

Individual: \$20/yr. Family (same address): \$30/yr. Junior: \$10/yr

Please mail completed application along with check made payable to SAAC to:

Elaine Bloom
7282 Fish House Road
Galway, NY 12074
ebloom@nycap.rr.com

.....SAAC use only.....

Date received _____ Dues received _____

Date approved _____ Date rejected _____