



Application for Membership

Date: _____

Name(s): _____

Address: _____

City: _____ State: _____ Zip+4: _____

Home phone: _____ Work phone (optional): _____

Fax: _____ E-mail: _____ Cell _____

Occupation: _____

Number of dogs owned: _____ Breed(s): _____

Do you agree to abide by LEAP's constitution and bylaws and the rules of the AKC? Yes _____ No _____

Have you ever been suspended by the AKC or convicted of animal abuse? Yes _____ No _____

If yes, please explain:

Please list other dog clubs you belong to and describe how you participate in those clubs:

What canine activities are you currently training in and where?

Performance events are available only because of the effort put forth by the members of dog clubs. EVERY member has a valuable contribution to make toward LEAP's goals. Members of LEAP are encouraged (and required) to become actively involved in club activities. A minimum of six service hours will be required to maintain membership (except Associate Members).

I am interested in participating in the following capacities within the club (check all that apply):

Club Officer or Board Member (two-year term) _____
Support for Seminars, Information Booths, etc. _____
Event Publicity _____

Agility Trial Committee Member:

Chairperson _____ Secretary _____ Chief Steward _____
Hospitality _____ Grounds and equipment _____ Ribbons and awards _____

Agility Trial worker:

Timer _____ Scribe _____ Course builder _____ Ring crew _____ Scorekeeper _____
Gate steward _____ Runner _____ Table/Check-in steward _____
Grounds crew _____ Other _____

Applicant Signature(s) _____

LEAP Member Sponsors: 1) _____
2) _____

Membership types/Fees (circle type for which applying):

Individual \$10.00/year _____ Family \$18.00/year _____
Senior (60 or older) \$5.00/year _____ Junior (18 or younger) \$5.00/year _____
Associate \$10.00/year _____

Send check payable to **LEAP** and completed application form to:

Audry Chase, Membership Chairman

20 Fray Rd

Pomfret Center CT 90259

If you have any questions, email Audry @ a.elizabeth.chase@gmail.com

LEAP use only

Date received: _____

Dues received: _____

Date approved: _____

Rejected: _____