



## 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:

Carol Lariviere, Membership Chairman  
P.O. Box 284  
Pascoag, RI 02859

If you have any questions, email Carol at [forecastcollies@yahoo.com](mailto:forecastcollies@yahoo.com).

LEAP use only

Date received: \_\_\_\_\_

Dues received: \_\_\_\_\_

Date approved: \_\_\_\_\_

Rejected: \_\_\_\_\_