



# 2011 MEMBERSHIP APPLICATION

**Membership Dues:**

**Individual: \$20**  **Family: \$30**

(Family is defined as an individual with children under 18, or a married couple, or a married couple with children under 18, or a domestic partnership)

The mission of the Southern Ohio Flying K9s is to provide dog loving individuals and disc loving canines with access to the sport of canine disc, encourage socialization and positive training, reinforce proper technique and safety, and demonstrate to the general public how canine disc sports can promote the dog human bond.

Name:	Email:
Address:	
City/State/Zip:	
Home Phone:	Cell Phone:

**Additional Members** (If more space is needed, please list additional family members on the back of this form)

Name:	Email:
Name:	Email:
Name:	Email:

Membership entitles you to discounted entry fees at some contests. Entries in the Junior division, when offered, are not eligible for any discounts. Family membership discount is limited to a maximum of \$10 per competition.

Dog Name:	Breed:
Age:	M/F:
Spayed/Neutered:	Weight:
Rabies Tag #:	Rabies Expiration Date:

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\*\*Please list any additional dogs on the back of this form.

Members must agree to act in a manner that is consistent with the Mission Statement of the Southern Ohio Flying K9s and agree to abide by the Bylaws as set forth by the Board of Directors. Membership applications will be reviewed by the Membership Director and approved unless there is evidence not to approve the membership. If a membership application is denied by the Membership Director, the applicant may appeal to the Board for approval.

## Release and Waiver of Liability

**This release must be signed by anyone who will be participating in a Southern Ohio Flying K9s event.**

In consideration of my entry into any Southern Ohio Flying K9s events, I, the undersigned, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages which I may have against the community where this event is held, the Southern Ohio Flying K9s, their representatives, successors, employees, assignees and/or sponsors for any and all injuries or illnesses suffered by me or my dog(s) as a result of my participation in the said event. I attest and verify that my dog is physically fit for this competition, and hereby assume the risk of any canine disease which may be contracted in the said event. I agree to assume all financial and legal responsibility for any bodily injury or property damage caused by dog(s) that are owned by me or under my care at the said event. By my signature I also grant full permission to the Southern Ohio Flying K9s and its assignees to use any photographs, videotapes, motion pictures, recordings or any record of the event held by Southern Ohio Flying K9s for any purpose whatsoever. I, the undersigned, agree to abide by the club's bylaws.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

(Parent or guardian if under age 18)

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

(Parent or guardian if under age 18)

**Date:** \_\_\_\_\_

**Please attach a copy of each dog's rabies certificate and a check made out to Southern Ohio Flying K9s and send to:  
Denise Thornton, Membership Coordinator, 932 Gentlewinds Ct., Lebanon, OH 45036**



**RECEIPT**

**Southern Ohio Flying K9s 2011 Membership**

<b>Amount:</b>
<b>Paid by:</b>
<b>Membership Type:</b> Individual: <input type="checkbox"/> Family: <input type="checkbox"/>

**www.FlyingK9s.org**