

Berks County Dog Training Club Membership Application

Members of the Berks County Dog Training Club indicate by their actions that the interest and general welfare of dogs and the club are foremost in their actions.

NAME of person joining club):	(Addi	tional
household members wishing	to join must fill out a separa	tte application and pay a separate	
ADDRESS			
		(City/State)	(Zip)
PHONE NUMBER	(DAY)	(EVENING)	
E-MAIL			-
Breed of dog:			
Where or with whom you have	ve previously trained?:		
SIGNATURE		DATE	
By signing this form,	I certify that my do	g(s) has (have) current ı	rabies
inoculation.	J		
instructors. please contact Care	ol Sutphin at 610-779-8778 sign this form verifying that	all need to be evaluated by one of or sutphincl@gmail.com to arrang t you have been accepted. if your next basic skills class.	ge an
After you have been evaluated to Carol Sutphin, Financial S	, please <i>make a check payal</i> Secretary, 260 Hartman Roa	whip renewals are currently \$55) where to BCDTC and mail it with the d Reading pA 19606. Exercise your membership card and	11
		EVALUATOR'S SiGNA	ATTURE
the following will be fille	ed out by the BCDTC.		
CK # AMOUNT \$	•	EIVED	