



Mount Diablo Dog Training Club, Inc.

2121 Meridian Park Blvd. #6081

Concord, California 94520

925-933-8774

## MDDTC MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

MEMBERSHIP TYPE: REGULAR \_\_\_\_\_ JUNIOR \_\_\_\_\_

*If applying for Dual or Family Membership please complete the information for each prospective member.*

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DOG'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

DOG'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

MDDTC TRAINING CLASSES COMPLETED:

\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ Date: \_\_\_\_\_ DATE: \_\_\_\_\_ Date: \_\_\_\_\_ DATE: \_\_\_\_\_

INSTRUCTOR NAME(S): \_\_\_\_\_

Please provide a brief bio of yourself, your family and dogs. Also, include your reason for applying for membership, occupation, hobbies, dog activities, interesting facts etc. We will read this at our monthly meeting. *(Attach an additional sheet if necessary.)*

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

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

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

**Submit this form to your instructor, or mail/email, completed application to Maria Giannell Membership Coordinator to the above address or via email to: thekeep@me.com**

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Received by:

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

Maria Giannell, Membership Coordinator

**Types of Membership (Reference MDDTC By-Laws, Article II):**

***Regular Member***

Ages eighteen or older, entitled to all rights and member privileges, including voting and holding office. Must attend one of three consecutive regular monthly meetings.

***Junior Member***

Ages twelve to eighteen years, entitled to all rights and member privileges, excluding voting and holding office.

***Life time***

Which can be applied for after 30+ years of Membership.