



New Membership Interest Form

Owner/Handler Information

(Please Print)

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Dog Information

1st Dog Call Name _____ Date of Birth ____ / ____ / ____ Male _____ Female _____

Breed: _____

2nd Dog Call Name _____ Date of Birth ____ / ____ / ____ Male _____ Female _____

Breed: _____

3rd Dog Call Name _____ Date of Birth ____ / ____ / ____ Male _____ Female _____

Breed: _____

Areas of Interest (Please indicate those committees that you might be interested in participating in)

- Volunteer Committee
- Budget Committee
- Awards/Prize Committee
- Event Committee
- Education Committee

- Special Events Committee
- Donation/Fundraising Committee
- Election Committee
- Merchandise Committee
- Not interested

Signature: _____ Date: ____ / ____ / ____

To be completed by Sponsor

Sponsor's Name: _____

Events Attended: 1st Event: _____

2nd Event: _____

Recommendation: _____

Sponsors Signature: _____ Date: ____ / ____ / ____

To be completed by Board

Date application reviewed: ____ / ____ / ____

Board's recommendation: _____

Mail to: Keystone DockDogs, 11 Hill St., Hanover, PA 17331