



MEMBERSHIP APPLICATION

NEW MEMBER _____ or RENEWAL _____
(\$25.00 for 3 Year Membership)

Please print legibly, complete all required information (*), and mail to address below.

*LAST NAME: _____
*FIRST NAME: _____
*ADDRESS: _____
*CITY: _____
*STATE: _____ *ZIP: _____
*EMAIL: _____
*HOME PHONE: _____
WORK PHONE: _____
CELL PHONE: _____
FAX: _____
* Required

Optional Information: To help us get to know you better

How did you learn of TDAA? _____

What type of dogs do you run? _____

How long have you competed in agility? _____

Do you compete in other venues of agility? _____

Which venues? _____

Do you train with a club or other group? _____

Name of club: _____

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Payment Information:

TDAA memberships are non-refundable and non-transferable.

Please do not send cash.

Make check (\$25.00 for 3 Year Membership) payable to TDAA. There is a \$25 fee for returned checks.

You must sign the following waiver of liability or membership is null and void.

Upon entering events sponsored by the TDAA and/or its member clubs, I agree to abide by the rules of the TDAA, as currently published. I understand and appreciate that participation in a sport carries a risk to me of serious injury. I voluntarily and knowingly recognize, accept and assume this risk and release the TDAA, their sponsors, event organizers and officials from any liability.

Applicant's Signature: _____

Parent/Legal Guardian Signature:
(if under 18 years of age) _____

Date of Application: _____

Return this completed form with payment enclosed to:

Teacup Dogs Agility Association
P.O. Box 158
Maroa, IL 61756

For Office Use:

Received: ___/___/___

Packet Sent: ___/___/___

Membership Number: _____

Renewal Date: _____