



# GOLETA VALLEY DOG CLUB



## 2019 Member Information & Application

**(PLEASE PRINT LEGIBLY)**

<input type="checkbox"/> NEW MEMBER	<input type="checkbox"/> RENEWING MEMBER	# OF DOGS: _____
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HUMAN NAME 1: \_\_\_\_\_  
HUMAN NAME 2: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE (CIRCLE PREFERRED PHONE TYPE FOR MEMBERSHIP ROSTER):  
HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
IN CASE OF EMERGENCY: CONTACT NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_  
HOW DID YOU LEARN ABOUT GVDC? \_\_\_\_\_  
PLEASE SHARE YOUR COMMENTS ABOUT GVDC, OUR CLASSES, PRACTICES, AND WORKSHOPS ON THE BACK.

***DOG MEMBER(S) INFORMATION: (LIST ADDITIONAL DOG MEMBERS AND THEIR INFORMATION ON THE BACK)***

DOG 1 NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  MALE  FEMALE  
BREED: \_\_\_\_\_ DATE OF LAST VACCINATIONS: \_\_\_\_\_  
LIST TRAINING CLASSES TAKEN: \_\_\_\_\_  
HIGHEST TITLES EARNED, IF ANY: \_\_\_\_\_  
DOG 2 NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  MALE  FEMALE  
BREED: \_\_\_\_\_ DATE OF LAST VACCINATIONS: \_\_\_\_\_  
LIST TRAINING CLASSES TAKEN: \_\_\_\_\_  
HIGHEST TITLES EARNED, IF ANY: \_\_\_\_\_  
YOUR VETERINARIAN/HOSPITAL: \_\_\_\_\_  
CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

GVDC MEMBER ROSTER IS SHARED WITH OTHER GVDC CLUB MEMBERS. IF YOU DO NOT WANT YOUR NAME AND INFORMATION PUBLISHED IN THE CLUB MEMBERSHIP ROSTER, PLEASE CHECK HERE .

By signing below you agree to the following: "I understand that dog sports such as agility are potentially hazardous to me or my dog(s). I hereby assume sole responsibility for and agree to indemnify and hold Goleta Valley Dog Club and its agents and assignees harmless from any and all loss and expenses (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death, at any time resulting therefrom, sustained by any animal, person or persons, including myself, or on account of damage to property may be caused, and whether or not the same may have been caused or alleged to have been caused by negligence of the aforementioned parties or any other reason. I agree that this release is intended to be as broad and inclusive as permitted by the laws of the state of California; and that, if any portion of it is held invalid, the balance shall continue in full legal force and effect."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature, if member is under 18: \_\_\_\_\_  
Parent/Guardian printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Annual dues of **\$50**, payable to GVDC, include any number of dogs in your family. Membership is renewable in September/October. Please circle one: Cash OR Check/Check # \_\_\_\_\_, Amount: \$ \_\_\_\_\_.

Please mail completed application and \$50 payment to: GVDC Membership, 5153 San Simeon Drive,  
Santa Barbara, CA 93111. For membership questions, email [gvdcmembers@cox.net](mailto:gvdcmembers@cox.net).

**THANK YOU & WELCOME TO A GREAT YEAR WITH YOUR GVDC FRIENDS!**