

**GERMAN AMERICAN HUNDESPORT – MEMBER APPLICATION FORM**

Date Applied \_\_\_\_\_ Date Approved\* \_\_\_\_\_ Full Member Eligibility Date \_\_\_\_\_

Full Member Approval Date \_\_\_\_\_ Approved By \_\_\_\_\_

Applicant Name \_\_\_\_\_

2<sup>nd</sup> Member \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address or P.O.Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Single Membership \_\_\_\_ Family Membership\*\* \_\_\_\_

\* affiliate member status date

\*\*see by-laws for rules regarding family memberships

**A current membership in the GSCA-WDA is required.**

GSCA-WDA Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2<sup>nd</sup> members GSCA-WDA Number (family mbrshp) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**List all dogs you will be training/working with The German American Hundesport**

**Note** rules and fee structure in By-Laws about training more than 2 dogs per membership!

Dog No. 1:

Breed \_\_\_\_\_ Call Name \_\_\_\_\_ GSCA-WDA Scorebook Number: \_\_\_\_\_

Registered Name \_\_\_\_\_

Sex: Male Female Spayed/Neutered? Yes No Date of Birth \_\_\_\_\_

Registry and Registration Number \_\_\_\_\_

Registry and Registration Number \_\_\_\_\_

Titles \_\_\_\_\_

Veterinarian Clinic Name \_\_\_\_\_

Vaccination Dates: DHL/Parvo \_\_\_\_\_ Rabies \_\_\_\_\_

Dog no. 2:

Breed \_\_\_\_\_ Call Name \_\_\_\_\_ GSCA-WDA Scorebook Number: \_\_\_\_\_

Registered Name \_\_\_\_\_

Sex: Male Female Spayed/Neutered? Yes No Date of Birth \_\_\_\_\_

Registry and Registration Number \_\_\_\_\_

Registry and Registration Number \_\_\_\_\_

Titles \_\_\_\_\_

Veterinarian Clinic Name \_\_\_\_\_

Vaccination Dates: DHL/Parvo \_\_\_\_\_ Rabies \_\_\_\_\_

**Training Agreement and Understanding of Liability**

1. I understand and agree that my participation in The German American Hundesport is at my own risk.
2. I understand that I am responsible for the actions of my dog(s) and agree to keep my dog(s) properly restrained at all times.
3. I agree to hold German Shepherd Club of America-Working Dog Assoc. and The German American Hundesport, its officers, directors and members, as well as any ground or property owners, harmless for loss or injury to any person, dog, or things, and by any action of my dog(s) while on the training/trial/seminar grounds. I agree to personally assume all responsibility and liability for any such claim.
4. I understand that the training of my dog(s) is primarily for the purpose of Schutzhund.
5. I understand that schutzhund training is a sport. It is not "protection" or "guard dog" training.
6. I agree to abide by the Constitution and By-laws of The German American Hundesport.
7. No refunds or substitutions for any fees paid shall be allowed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Sponsor

\_\_\_\_\_  
Date

**For treasurer: This section to be used when probationary member status is achieved.**

Annual Training Fee Paid \_\_\_\_\_ Monthly Dues Paid \_\_\_\_\_

Total fees paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Cash \_\_\_ Check \_\_\_ Check No. \_\_\_\_\_

