



Greater Lincoln Obedience Club

Application for Membership

Please Print Clearly

Name: _____

Address: _____

City, State, Zip: _____

Phone – Home: _____ Cell: _____

Email Address: _____

Select one:

- Individual Membership (enclose \$60 annual membership dues)
- Family Membership (enclose \$75 annual membership)

If choosing a Family membership, please include the names of family members included in membership:

Family member Name	Relationship to you
1. _____	
2. _____	
3. _____	
4. _____	

Why would you like to join GLOC?

Do you belong to any other dog clubs? If so, which ones?

Sponsors' (Members in good standing) Signatures:

- 1. _____
- 2. _____

Please return this application and the appropriate annual dues to:

Membership, Greater Lincoln Obedience Club, P.O. Box 84031, Lincoln, Ne 68501 or bring to a club meeting (the first Thursday of every month at 7:30pm) at 5740 Johanna Road. Please remember you must attend at least one meeting before your membership can be accepted.

Please read and sign the following:

The Board of Directors reserves the final decision on all applicants.

I certify that I and my family members if applicable) will abide by the By-laws, rules and decisions of the Greater Lincoln Obedience Club, Inc. and will hold harmless the Club and all persons connected therewith in any capacity whatsoever for any and all liability, cost and expense for any injury or damage to person or property caused by any dog brought by me to training classes or to other events held or sponsored by this club.

Signature: _____

Today's Date: _____

I am interested in joining a committee (check all that apply:

- Marketing
- Website Updates
- Building Maintenance
- Equipment Repair
- Party Planning (2x per year)

Classes

- Obedience
- Agility
- Scent Work

Trials

- Obedience
- Agility
- Scent Work

I am interested in teaching or assisting with classes

- Obedience
- Agility
- Scent Work
- Flyball

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Dog Information Sheet

Applicant's Name: _____

Please provide information about each of your dogs that will be training at the Greater Lincoln Obedience Club

Dog's Name: _____ Breed: _____ Date of Birth/Current Age: _____

Current Shot Information: Rabies Parvovirus Coronavirus Adenovirus Distemper Parainfluenza

Veterinarian: _____ Contact Number: _____

Previous Training: _____

Special Needs or behaviors (ex. Epileptic, has shown aggression towards strangers, etc.)

Dog's Name: _____ Breed: _____ Date of Birth/Current Age: _____

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