



# Greater Lincoln Obedience Club

## Membership Renewal

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. _____	

What year did you join the Greater Lincoln Obedience Club? \_\_\_\_\_

Have you served on the Board or held a Director's Position?  Yes  No

Would you like to serve on the board?  
 Yes  No

Do you belong to any other dog clubs?  
 Yes  No

If, yes which ones? \_\_\_\_\_

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

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. Membership dues are to be paid in full at or before the January meeting in order to vote in club elections.



# Greater Lincoln Obedience Club

## Membership Renewal

Dog Information Sheet

Members 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: \_\_\_\_\_

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: \_\_\_\_\_

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.)

\_\_\_\_\_

\_\_\_\_\_