



MINNESOTA AGILITY CLUB, INC.
www.macagility.org

MEMBERSHIP APPLICATION: NOVEMBER 1 through OCTOBER 31

Applications received after September 1st will apply towards the following membership year.
All **renewals** must be received by November 30th, or you will need to reapply for membership.

Please check membership type:

_____ \$10.00 for **Junior** membership (18 and under). _____ \$20.00 for **Individual** membership.
_____ \$30.00 for **Household*** membership.

**Household membership is for all people at a given address. Household memberships get 2 votes for elections & at meetings if more than one person attends.*

Please complete the following information and return with payment:

_____ **check payable to MN Agility Club to:** _____ **I am sending payment via Paypal to:**
MN Agility Club, Inc. macagilitytreasurer@gmail.com
c/o Kelly McFaul-Solem (include your full name and "MAC Dues" in the comment)
128 W Wabasha St.

Duluth, MN 55803
Questions? Please email: pugahontas@yahoo.com

New Membership _____ Renewal (no changes to my info) _____ Renewal (updated info) _____

NEW – For Renewals with no change in info, you can skip this form and send your check to Kelly or use Paypal.

Please **circle** all of the areas in which you would be willing to help the club:

- | | | | |
|-----------------|---------------------------------|----------------------|----------------------------------|
| Trial Committee | Trial Help (scribe/timer, etc.) | Banquet Committee | Equipment Help |
| Seminar Help | Board Member | Nominating Committee | Demos (organizing/participating) |

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Primary member e-mail: _____

Second member email (household memberships only): _____

Note: club notices & information are usually sent via Groups.IO posts or Facebook. Direct e-mail is rarely used.

Dog's Call Name: _____ Breed: _____

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Signature on this form states an agreement to abide by the bylaws of the Minnesota Agility Club. Copy of the bylaws will be sent upon membership approval. Please NOTE - you must work the equivalent of a full-day at a trial to qualify for a year-end award.

Signature(s): _____ **Date:** _____