

**Sniffin Around
STL
Scent Work Club**

Membership Application

Date: _____

Full name: _____

Street address: _____

City, State & Zip code: _____

Phone number: _(_____)_____-_____

Email address: _____

Profession/Occupation: _____

If applying for family membership:

Spouse's name: _____

Phone number: _(_____)_____-_____

Email address: _____

Profession/Occupation: _____

Type of membership being applied for: _____ Family (\$50) _____ Individual (\$30) _____ Junior (\$15)

All approved memberships include meeting and voting rights, discounts on seminars, invitations to club led practices, plus loads of opportunities to socialize your dog and yourself among a group of dog lovers! In return Sniffin Around STL Scent Work Club will request that you participate in and volunteer at, a minium of one club event during a 12-month period.

Name of current club member being sponsored by: _____

Dogs you currently own:

Dog #1, Call name: _____

Registered name: _____

Breed: _____

Current AKC Titles: _____

Dog #2, Call name: _____

Registered name: _____

Breed: _____

Current AKC Titles: _____

Dog #3, Call name: _____

Registered name: _____

Breed: _____

Current AKC Titles: _____

Scent Work Experience:

Check all organizations you have participated in scent work with & list # of years with organization	_____ AKC # _____	_____ UKC # _____	_____ NACSW # _____
Are you or have you ever been a: (check all that apply & list the organizations)	_____ SE Scent Work Exhibitor _____	_____ SJ Scent Work Judge _____	-----SI Scent Work Instructor _____
Have you ever been a: (check all that apply & list the organizations)	_____ STS Scent Work Trial Sec _____	_____ SS Scent Work Steward _____	_____ SHO Scent Work Hide Official _____

I hereby make this application for membership into Sniffin Around STL Scent Work Club and hereby agree to abide by the Constitution, By-laws of the Club and of the AKC Code of Sportsmanship. I understand that the Club reserves the right to refuse membership for any reason.

I hereby release, discharge and agree to hold harmless and indemnify each individual officer, members of the Board of Directors, and members of any Trial Board of Sniffin Around STL Scent Work Club, regarding any reasonable action taken by them in their designated capacities, from any and all liability, claims, demands, and other expenses arising as a result of any action which I may bring, or done on my behalf, singularly or in conjunction with others, which is brought against any of them.

I hereby assume all risks of and responsibility for accidents and/or damage either to others, myself/ourselves or property resulting from any actions of my dog. I expressly agree that no other establishment (including those who own the property on which the event is held) or persons, either instructors and/or assistants and/or members of Sniffin Around STL Scent Work Club shall be held personally or collectively responsible under any circumstances for injury to myself, members of my family, visitors/spectators, my dogs or my property due to other dogs, or due to negligence of other Club members, and/or instructors, and/or assistants, and/or other participants. I understand that this liability waiver applies to all meetings, workshops, trials, events, and outings that the Club conducts or participates in.

I agree to accept electronic notice of Sniffin Around STL Scent Work Club meetings, dues notices, minutes, newsletters, and/or letters including board meetings via email at the address listed on this application. I agree the Club will have no liability for such notification not being received by me due to circumstances beyond the Club's control. I also understand that it is my responsibility to notify the Club Secretary of any changes to my email address.

Signature

Dated

Signature - for family membership

Dated

Submit completed application either via email at SniffinAroundSTLSWC@yahoo.com or via mail along with the membership dues required for the year (January 1st - December 31st), based on membership type requested. Dues can be paid via Venmo @SniffinAroundSTL (last four digits of phone number for verification is 2964) or via check made payable to Sniffin Around STL SWC and mailed to 488 Candlelight Lane, Hazelwood, MO 63042.