

**Agility Club of San Diego, Inc.  
Membership Application**



All applicants must:

- (A) Complete an ACSDI training class at any level
- OR
- (B) Work at one (1) club event and attend one (1) general meeting
- AND
- (C) Be sponsored by two members in good standing of ACSDI.

**These obligations must be fulfilled and documented prior to submitting an application for membership. Any application received incomplete will be returned. An applicant may waive these requirements by submitting in writing sufficient justification to the Board. Sponsors are responsible for validating requirements.**

I (the applicant) have fulfilled the membership requirements as follows:

Date: \_\_\_\_\_ Requirement: \_\_\_\_\_

Date: \_\_\_\_\_ Requirement: \_\_\_\_\_

I agree to sponsor the above applicant \_\_\_\_\_  
(ACSDI member signature) (ACSDI member signature)

**SAFETY RULES**

1. All members shall be certified by a club instructor prior to using club equipment without permission.
2. Safety rules shall be published and adhered to at all times. Violation of these rules may lead to discipline or expulsion.
3. Welfare of the dogs to be paramount at all times.
4. Club workouts or training sessions shall be supervised by approved club instructors who are empowered to enforce all safety rules and regulations.

I (the applicant) have read and understand the club safety rules printed on the back of this form and agree to adhere to them at all times.

\_\_\_\_\_  
(applicant's signature)

If applicant is under 18 years of age parent signature is required before acceptance into membership.

\_\_\_\_\_  
(parent signature)

(If a family membership, all applicants must read rules and sign application)

DATE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
NAME(S) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BREED(S) OF DOGS \_\_\_\_\_

REGULAR MEMBERSHIP (\$15) \_\_\_\_\_ JUNIOR MEMBERSHIP (\$5) \_\_\_\_\_

*I would like to receive my newsletter via email instead of regular mail. Yes \_\_\_\_\_ No \_\_\_\_\_*

For questions regarding this form, please contact Marla Cook, Membership Chairperson at [acsdmembership@cox.net](mailto:acsdmembership@cox.net) or phone 619-448-0702.

**SEND APPLICATION TO: Marla Cook, 10330 Rosie Lane, Santee, CA 92071**

(FOR CLUB USE ONLY)

Application received and dues paid (date) \_\_\_\_\_ Check # \_\_\_\_\_  
Requirements fulfilled (date) \_\_\_\_\_ Board approval (date) \_\_\_\_\_  
General membership reading (date) \_\_\_\_\_ General membership approval (date) \_\_\_\_\_  
(Revised November 2006)