



NEW MEMBERSHIP APPLICATION

Send completed application and fee (payable to TRACS) to:
Susan Cochran, 296 San Antonio Way, Sacramento CA 95819

New applicants must have volunteered at an event and/or attended a meeting at least twice. New membership fee is prorated proportional to the fiscal quarter in which the application is submitted. Checkmark the fee you are including with this application:

| | Q1 (Jan 1 - Mar 31) | Q2 (Apr 1 - Jun 30) | Q3 (Jul 1 - Aug 31) | Q4 (Sep 1 - Dec 31) |
|------------|---------------------|---------------------|---------------------|---------------------|
| Individual | \$20.00 | \$15.00 | \$10.00 | \$5.00 |
| Household | \$25.00 | \$18.75 | \$12.50 | \$6.25 |

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ Phone (work): _____

Email: _____ Phone (cell): _____

Who referred you to the club?: _____

Your T-shirt size (unisex sizes): ___S ___M ___L ___XL ___XXL

TRACS events you've volunteered at? _____

TRACS meetings you've attended? _____

Which of the following can you help with (or are interested in learning more about):

- | | | |
|--|---|---|
| <input type="checkbox"/> Set up Equipment? | <input type="checkbox"/> Repair Equipment | <input type="checkbox"/> Tow Equipment Trailer? |
| <input type="checkbox"/> Computer work? | <input type="checkbox"/> Agility Trial Chair? | <input type="checkbox"/> Event Hospitality? |
| <input type="checkbox"/> Do Artwork? | <input type="checkbox"/> Lay Track? | <input type="checkbox"/> Event Secretary? |
| <input type="checkbox"/> Scorekeeping? | <input type="checkbox"/> Awards? | <input type="checkbox"/> Build Courses? |

Dog #1's Call Name: _____ **Birth Date:** _____ **Male**___ **Female** ___

Breed: _____ **Height @ Withers:** _____ Inches

Does this dog have agility experience: ___ Yes ___ No ; **Level:** _____

Does this dog have tracking experience: ___ Yes ___ No

Agility Titles: _____

Tracking Titles: _____

Other Titles: _____

Other dog sports you participate in with this dog: _____

Dog #2's Call Name: _____ **Birth Date:** _____ **Male**___ **Female** ___

Breed: _____ **Height @ Withers:** _____ Inches

Does this dog have agility experience: ___ Yes ___ No ; **Level:** _____

Does this dog have tracking experience: ___ Yes ___ No

Agility Titles: _____

Tracking Titles: _____

Other Titles: _____

Other dog sports you participate in with this dog: _____

Additional dogs: Your membership covers any number of dogs. Attach additional dog info on separate sheet

Signature _____ **Date:** _____

Parent/Guardian's Signature if applicant is under 18: _____

Parent/Guardian Printed Name: _____