

# *Application for Membership*

## Imperial Polk Obedience Club of Lakeland, Florida, Inc

### Instructions

1. Please print legibly.
2. Complete all pages of this form.
3. The fee should be a check or money order payable to IPOC.
4. Membership Applications, with fee, may be deposited in the lockbox inside IPOC or mailed to **IPOC Membership, PO Box 5455, Lakeland, FL 33807**. Membership Applications may not be deposited or left anywhere else.

To apply for membership, you must attend one 7 week class. Please PRINT the class name and when you completed it:

Class name \_\_\_\_\_ Date \_\_\_\_\_

<b>Applicant's name</b>			
<b>Address</b>			
<b>City, State, Zip Code</b>			
<b>Email address (PRINT)</b>			
<b>Home phone</b>		<b>Work phone</b>	
<b>Cell phone</b>		<b>Occupation</b>	

This application shall carry the endorsement of two active IPOC members who have been members in good standing for at least one year:

Member/Sponsor name (PRINT)	Member/Sponsor signature	Date

Kind of Membership	Application Fee	Yearly dues	Yearly dues when voted in from January to May
<input type="checkbox"/> Active – 1 adult	\$30	\$50	\$25
<input type="checkbox"/> Active Couple, 2 adults	\$40	\$80	\$40

I understand

1. that to achieve Active Membership status at IPOC, I must attend 3 General Membership Meetings and work at 3 club activities and/or events during the 6 month period that I will have Associate Membership status, and
2. that until I achieve Active Membership status, I will not be entitled to reduced prices for classes or other events. Please note that active participation in a committee may substitute for working an activity or event.

Our club's fiscal year runs from June through May. After you complete the Associate phase and are voted in as an Active member, you must pay the club dues. Please refer to the table above this paragraph: If you are voted in during the months of June through December, your dues will be the Yearly Dues. If you are voted in during the months of January through May, your dues will be the dues from the appropriately labeled column.

<b>Applicant's Signature</b>	<b>Application fee enclosed</b>	<b>Date</b>

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What training experience do you have? Please check all that apply:

Have experience	Interested	Activity	Please PRINT: What level? Titles?
<input type="checkbox"/>	<input type="checkbox"/>	<b>Agility</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Animal Behavior</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Bite Sports</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformation</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Nose work</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Obedience</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Rally</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Tricks</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other</b>	

Have you ever been a member of a dog training club? Please tell us where, when, and how you were involved:

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Without the help of volunteers, no club can be successful. Can you teach classes? Check all that apply.

<input type="checkbox"/>	<b>agility</b>	<input type="checkbox"/>	<b>conformation</b>	<input type="checkbox"/>	<b>nose work</b>
<input type="checkbox"/>	<b>obedience</b>	<input type="checkbox"/>	<b>rally</b>	<input type="checkbox"/>	<b>service dog</b>
<input type="checkbox"/>	<b>tricks</b>	<input type="checkbox"/>		<input type="checkbox"/>	

How will your membership best benefit IPOC? Check all that apply:

<input type="checkbox"/>	<b>trial chairman</b>	<input type="checkbox"/>	<b>trial kitchen help</b>	<input type="checkbox"/>	<b>class registration help</b>
<input type="checkbox"/>	<b>trial secretary</b>	<input type="checkbox"/>	<b>trial photographer</b>	<input type="checkbox"/>	<b>office computer work</b>
<input type="checkbox"/>	<b>trial setup</b>	<input type="checkbox"/>	<b>judge hospitality</b>	<input type="checkbox"/>	<b>committee work</b>
<input type="checkbox"/>	<b>trial breakdown</b>	<input type="checkbox"/>	<b>judge airport transportation</b>	<input type="checkbox"/>	<b>officer/board member</b>
<input type="checkbox"/>	<b>trial course builder</b>	<input type="checkbox"/>	<b>building cleaning</b>	<input type="checkbox"/>	<b>social media</b>
<input type="checkbox"/>	<b>trial steward</b>	<input type="checkbox"/>	<b>CGC/Tricks evaluator</b>	<input type="checkbox"/>	<b>website</b>

Please tell us the names of your dog(s) and their breeds:

<b>name</b>		<b>breed</b>	
<b>name</b>		<b>breed</b>	
<b>name</b>		<b>breed</b>	
<b>name</b>		<b>breed</b>	

**FOR OFFICE USE ONLY:**

Amount paid \_\_\_\_\_ Check # or cash \_\_\_\_\_ Received by \_\_\_\_\_

Date presented to Board \_\_\_\_\_ Date voted by General Membership \_\_\_\_\_