

Responsible Dog Owners of Louisville



Responsible Dog Owners of Louisville Membership Application

Name: _____

Address: _____

City: _____	State: _____	Zip: _____
-------------	--------------	------------

Email: _____	Phone: _____
--------------	--------------

Do You Own Pets? <small>(Not a requirement for membership.)</small>	YES <small>(Select One)</small>	NO	Vet's Name: _____
--	------------------------------------	----	-------------------

Please list all Pets Owned: (Optional)

Name:					
Species:					
Breed:					
Age:					
Titles/ Certifications					

Please note: Membership fee is \$20.00 due annually by March 1.

Acknowledgment: I have read Responsible Dog Owners of Louisville's (RDOL) membership requirements as stated in the by-laws. I hereby certify that I meet these requirements, and will notify RDOL's Board of Directors if my eligibility as a member shall change. My membership is good for one year from March 1 to February 28 and is renewable. I also agree to uphold the principals outlined in the by-laws and will do my best to represent responsible dog owners. I may cancel my membership at any time, but I understand that my membership fee is non-refundable. My membership can be revoked by a majority vote of members-in-good-standing. All information contained in this application will be kept confidential for the sole use of RDOL.

Signature

Date