

*Tri-State Poodle Club exists to promote and protect poodles in the Wisconsin, Iowa,*

 *Illinois tri-state area through community, education, performance, and rescue.*

All applications for membership must be submitted to the board and accompanied by a signed Code of Ethics from each individual (above age 18) and the year’s dues (made out to Tri-State Poodle Club); all applications are approved unless you are contacted otherwise.

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names Applying for Membership:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Names Applying for Junior (under age 18) Membership (additional application required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Household Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you own dogs, please tell us about them including name, breed, size, DOB or approximate age, and any titles:

Please explain why you wish to be a member of Tri-State Poodle Club:

I hereby make application for membership to Tri-State Poodle Club and agree to abide by the Club’s code of ethics and by-laws and participate in a minimum of two events per year, including one fundraising event.

In signing below, I hereby, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages that I may have against Tri-State Poodle Club and its agents, members, representatives, successors and assigns for any and all injuries suffered by myself or my dogs that arise out of Tri-State Poodle Club activities.

Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Completed by Junior Applicant:**

Why do you want to be part of Tri-State Poodle Club?

Do you agree to follow directions at club events to help ensure everyone’s safety?

**Completed by Legal Guardian:**

Junior Member’s (under age 18) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission to the above listed junior member to participate in any Tri-State Poodle Club events in which I or another (non junior) household member also participates, understanding that this will involve the junior member’s contact with dogs whose behavior cannot be guaranteed. I understand that for the safety of everyone involved, the junior member’s permission to participate is perpetually provisional to their compliance with directions given them at Club events. I understand that supervision of the above listed junior member at Club events is solely the responsibility of my household’s members also in attendance at any given event.

In signing below, I hereby, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages that I may have against Tri-State Poodle Club and its agents, members, representatives, successors and assigns for any and all injuries suffered by the child of whom I am the legal guardian that arise out of Tri-State Poodle Club activities.

Releasing Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Household Members That May Supervise at Events:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Emergency Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Releasing Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_