



# SOUTH OKANAGAN DOG ACTIVITIES ASSOCIATION (SODAA)

## MEMBERSHIP APPLICATION & RENEWAL FORM - 2020 YEAR

Please submit to [sodogactivities@gmail.com](mailto:sodogactivities@gmail.com)

Applicant first and last names: \_\_\_\_\_

Note: Club minutes communicated via email only. Announcements and news via email, website, and Facebook.

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please tell us about your dog(s):

Dog name:			
Breed(s):		Age:	
Dog name:			
Breed(s):		Age:	
Dog name:			
Breed(s):		Age:	

Are you a member of other dog clubs and/or associations? If so, please list:

\_\_\_\_\_

Do you currently participate in any dog sports or activities? If so, please list:

(including titling organizations if applicable, e.g. Agility Association of Canada (AAC), Canadian Kennel Club (CKC), etc.)

\_\_\_\_\_

Please put an "x" or check mark beside the activities you have an interest in:

<input type="checkbox"/>	Agility	<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Participating on a committee
<input type="checkbox"/>	Trick Training	<input type="checkbox"/>	Drafting/Pulling	<input type="checkbox"/>	Event organization
<input type="checkbox"/>	Obedience/RallyO	<input type="checkbox"/>	Snow Activities	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Parkour	<input type="checkbox"/>	Water Activities	<input type="checkbox"/>	Teaching/Training/Facilitating
<input type="checkbox"/>	Nosework	<input type="checkbox"/>	Disc/Frisbee	<input type="checkbox"/>	Promotion
<input type="checkbox"/>	Barn Hunt	<input type="checkbox"/>	Therapy Work	<input type="checkbox"/>	Day-of-event volunteering
<input type="checkbox"/>	Other: _____				

**Type of membership being applied for:**

\_\_\_\_\_ New Individual Membership (Non-Voting), \$20 annually

\_\_\_\_\_ New Family Membership\* (Non-Voting), \$38 annually

\_\_\_\_\_ Renewal of Individual Membership (Non-Voting), \$20 annually

\_\_\_\_\_ Renewal of Family Membership\* (Non-Voting), \$38 annually

All applications are filed with the Director of Membership ([sodogactivities@gmail.com](mailto:sodogactivities@gmail.com)) and presented at the first meeting of the Board of Directors thereafter, at which time an affirmative vote of a majority of those present will approve the applicant.

\*Family Membership includes 2 adults (18+) and any children (under 18) living at same address.

Preferred method of payment is e-transfer ([sodogactivities@gmail.com](mailto:sodogactivities@gmail.com)). **E-transfers are automatically deposited. You will see our Treasurer’s name attached to the account.**

**Expectations for Membership Approval and/or Renewal**

Membership entails the following and can be revoked if the following expectations are not met. Members are expected to:

- Read and follow all SODAA bylaws, ethics, and constitution
- Serve as examples of humane and responsible dog ownership in their community, including but not limited to: ensuring your dog is not a danger to the community and providing a high standard of care
- Demonstrate good sportsmanship and be welcoming of new members and activity participants
- Volunteer on a regular basis to ensure dog activities can be offered in the South Okanagan
- Not misrepresent nor malign the conformation, weight, characteristics, or performance of another person’s dog, nor malign any person
- Bring any concerns regarding safety, humane dog care, or other issues applicable to SODAA membership and activities to the attention of the Board of Directors as soon as possible

By signing below, I agree to the above Membership Expectations:

Applicant Name Printed: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

If applicant is under 18 years of age: Legal Guardian approves of SODAA Membership Application and will assist the applicant in meeting the expectations of the club. **Note that any participant under the age of 16 must be accompanied by a parent/guardian when attending any SODAA activities/events.**

Legal Guardian Name Printed: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_

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

\*Please keep a copy for your records.