Missouri Canine Athletic Club
St. Louis Scent Work Club
NameAddress
City State Zip      Phone ()      E-mail cell
Some member information is shared on the website in a secure section that only members are allowed to access. Please indicate by checking the boxes below what information you are okay with us sharing on the site:
$\Box$ Name $\Box$ E-mail $\Box$ Cell $\Box$ All
If no, how long have you been participating in the sport?
If yes, what other sports?
If yes, which ones?
If yes, may we list your name on our mentor page? $\Box$ Yes $\Box$ No
Please share some information about your dog(s) with us! Registered Name (Call Name)
Registered Name (Call Name)   Breed   Titles
Registered Name (Call Name) Breed Titles
Would you like to have your dog(s) and titles listed on our Member Title page? $\Box$ Yes $\Box$ No
When you get a new title would you like to have that shared on our site's homepage? $\Box$ Yes $\Box$ No

Please continue	on to	page	2
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Missouri Canine Athletic Club

St. Louis Scent Work Club



How did you hear about us?	
Referring Member Please state your why you are interested in joining	g our club:
Do you have any interest in other dog sports? $\Box$ If so then which ones?	Yes 🗆 No
Would you like to be matched with mentor to learn	n more about those sports? $\Box$ Yes $\Box$ No
Please state the type of membership you are apply	ing for:
□ Full Regular* Membership (\$100)	
□ Full Regular* Membership Multiple Dogs (\$15	0)
□ Associate** Membership (\$50)	
□ Family Associate** Membership (\$75)	
*Includes all club privileges, free club practices, m **Includes member volunteer benefits and paid club	
Signature	Date
For Officer Use Only:	
Filled out Liability Form: □ Yes □ No	Date
Paid Due $\Box$ Yes $\Box$ No	Date