



SCENT WORK CLUB OF BREVARD COUNTY MEMBERSHIP FORM

New Member Renewing Member

Membership Type: Individual Family

PERSONAL INFORMATION:

First Name	Last Name		
First Name (for family membership)	Last Name (for family membership)		
Address	City	State	Zip Code
Phone	Email		

VOLUNTEER INTEREST:

Fundraising Website/Social Media Board Officer Event Volunteer

Committee OTHER: _____

MEMBERSHIP DUES:

Canic

TOTAL AMOUNT PAID: \$ _____ Cash Check # _____ Other _____

CANINE INFORMATION:

Please fill out the information below for each dog you have which will attend, or possibly attend, any event held by the SCENT WORK CLUB OF BREVARD COUNTY (SWCBC) or any event you participate in as a member of SWCBC. (Make extra copies as needed).

Proof of vaccination of rabies and distemper, or proof of titers, or an appropriate letter from your vet must accompany this application and is a requirement of membership.

Veterinarian Name: _____ Phone: _____

Veterinarian Address: _____



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First Dog's Name: _____ DOB: _____

Breed: _____ [] M [] N [] F [] S | Registered with AKC? [] Y [] N

Second Dog's Name: _____ DOB: _____

Breed: _____ [] M [] N [] F [] S | Registered with AKC? [] Y [] N

Initial Here
To Agree

I/We, the undersigned, hereby assume all risks of and responsibility for accidents and/or damage either to others, myself/ourselves or property resulting from any actions of my dog. I expressly agree that no other establishment (including those who own the property on which the event is held) or person(s), either instructor(s) and/or assistants(s) and/or members(s) of SWCBC (Scent Work Club of Brevard County) shall be held personally or collectively responsible under any circumstances for injury to myself/ourselves, members of my/our family, visitors/spectators, my/our dog(s) or my/our property due to other dogs(s), or due to negligence SWCBC members, and/or instructor(s), and/or assistants, and/or other participants. I/We understand that this liability waiver applies to all meetings, workshops, trials, events, and outings that SWCBC conducts or participates in.

Initial Here
To Agree

I/We, the undersigned, agrees to abide by the Policy and Procedures and the Bylaws of the Scent Work Club of Brevard County. I/we understand that these documents are located on SWCBC's website and that it is my/our responsibility to read them. I fully understand that except for dismissal due to aggressive or disruptive behavior by my/our dog(s), I am not entitled to any refund (full or part) of the membership fee or any fee paid to participate in SWCBC events. I/We expressly grant permission to SWCBC to use my/our likeness captured during the participation in a SWCBC event, without compensation, in any digital format (photo, video, website, and other web related publication) for the promotion of SWCBC and the sport of canine scent work.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

2nd Signature Required for Family Membership