



Sit.Stay.Drink.

Membership Application

Membership Date: _____

Membership Expiration: _____

Applicant Info:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Email: _____

Cell: _____

Dog(s) Info:

Dog name(s): _____ **Rabies Vacc. Exp.:** _____ **Rabies tag #** _____
