

# NORTHWEST OBEDIENCE CLUB, INC.

110 W. Woodstock Street  
Crystal Lake, IL 60014

## MEMBERSHIP APPLICATION

I am interested in becoming a member of Northwest Obedience Club: ☐ Family ☐ Individual

Your Name(s) *printed*: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Two classes attended at NOCI in the last 12 months (required):

\_\_\_\_\_ and \_\_\_\_\_

Date of NOCI General Membership meeting attended: \_\_\_\_\_

## NOCI HEALTH STATEMENT

Dog's Name and Breed	Rabies Cert/Tag Number	Vaccination Year	Duration: 1 year or 3 year	County

I hereby swear, attest, and affirm that this dog is currently inoculated against Rabies and all other diseases required by local law. I further state that this dog is free from fleas, worms, and communicable parasites and that I will refrain from bringing the dog to the club if such is contracted.

I understand that a signed, completed health statement for each dog being trained at NOCI is a condition of ongoing membership in NOCI, that my membership and/or membership renewal will not be accepted by NOCI without an accompanying signed, completed health statement for each dog being trained at NOCI, and that no dog will be allowed on the NOCI training hall premises without having a signed, completed health statement on file with the treasurer of NOCI for the current year.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

