



OIDA Club Member Registration

email: OrchidIsleDogAgility@gmail.com

Name:	
Address:	
Email:	Phone #:

Dogs participating in agility (indicate jump height if known, under level):						
Breed	Name	Age	Pre-Agility	Novice	Intermediate	Advanced

Please describe any agility Titles, training or competition experience:

Please list other dog clubs or organizations you have belonged to (most recent first):

Name, signature and date of OIDA Club Sponsor # 1:

Name, signature and date of OIDA Club Sponsor # 2:

By signing this application and waiver, I agree to abide by the Code of Conduct and By-Laws of the Orchid Isle Dog Agility Club and to adhere to all safety rules and regulations of the Club and the training facility.

Signature(s):

Date:

Membership Fee: Individual (\$15) ___ Family (\$20) ___ Junior (\$10) ___ Lifetime: (\$200)___

Please return this registration form, with the signed Code of Conduct and Waiver of Liability Forms, and a check with payment made out to OIDA, to:

OIDA Membership Chairperson, HCR 1, Box 5309, Keaau, HI 96749.