2023 BVS TAILWAGGERS DOG CLUB APPLICATION FOR MEMBERSHIP

Annual Dues: \$30.00. Make checks payable to: BVS Tailwaggers Dog Club.

Please print Name:		Home Phone:	
Street Address:	Tract & Lot		
Cell Phone #(s)			· · · · · · · · · · · · · · · · · · ·
Mailing Address (if diffe	erent from above):		
E-mail address(s):		· · · · · · · · · · · · · · · · · · ·	
May we publish your n	ame, phone numbers and	d e-mail address for club use? Y	es No
participating in Tailwag	gers' activities. **All min	ne current ages and birth dates on nors must be accompanied by by while attending or participating the second seco	and under the supervision of a
ownership, and good fe training, to improve and	ellowship of dog owners a d maintain dog-related fa		
the BVSA and all persoloss/injury/damage to eassisting with, or worki of the BVS TAILWAGGER; and financial responsibili CLUB event with a dog the Board of Directors or aggressive, unruly, or unclub members signing be	ons connected with these either myself, my family, ring on any event/activity so S DOG CLUB By-laws, all adity for any dog under my cunat is not my own, they shaw designated Event Coordination and their left ow further agree to sign and their left ow further agree to sign and their and Assumption of Risk to the sign and the sign	e aforementioned groups from army dog(s)/or my equipment while sponsored by the BVS Tailwaggult family club members signing be estody or control; (b) that if particip II be liable for damage or injury inflator or Trainer of BVS Tailwaggers I handler from any BVS TAILWAGGER and maintain on file with BVS Tailwa	e I am/we are participating in, ers Dog Club. Pursuant to Section 305 low hereby agree: (a) to take physical ating in any BVS TAILWAGGERS DOG icted by any such dog(s); and (c) that Dog Club has the right to exclude any RS DOG CLUB event. All adult family
Name:		Signature	Date
Name:		Signature	Date
(Parents must sign for	minor child)		
Mail to: BVS Tailwagg	gers Dog Club, 29800 Ja	amaica Dunes Dr., Tehachapi,	CA 93561
	Tailv	vaggers Office Use Only	
Dues Paid \$	Date Paid:	Cash/Check#	
Liability release/waiver	signed: Yes No		

TW membership form 20.docx