

MEMBERSHIP APPLICATION

Eastern States Working Dog Association, Inc.
 P.O. Box 187
 Mt. Holly, NJ



Mail check made out to ESWDA, Inc. with this form or mail form, then pay with PayPal at WWW.ESWDA.org

PERSONAL

Name _____
 (Last) (First) (Middle)

Address _____
 (Street) (City) (State) (Zip Code)

Telephone _____ Agency _____
 (Area Code)

Title _____ Agency Address _____

Have you ever been convicted of a felony? Yes No

Has your membership in any other Canine Training organization been revoked? Yes No

TRAINING

Training Requested _____ Certifications Held _____

Are you a new member? Yes No Law Enforcement active or retired Civilian

Type of membership requested Active [\$45.00] Associate [\$35.00]

Summarize any other special skills or qualifications

CANINE

TYPE OF CANINE	BREED	NAME	AGE	MALE/ FEMALE	YRS OF SERVICE	DISCIPLINE TRAINED
1						
2						
3						
4						

WAIVER AND RELEASE

Recognizing the possibility of physical injury associated with canine training and in consideration for Eastern States Working Dog Association, Inc. accepting the registrant/member for its training programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Eastern States Working Dog Association, Inc., its affiliated organizations and sponsors, their employees and trainers and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant/member as a result of the registrant's / member's participation in the Programs and/or being transported to or from the same, which transportation is required for participation in the Programs. During your participation in the Programs and/or related activities that is being hosted by the Eastern States Working Dog Association, Inc., you may be photographed and/or video taped in connection with one or more Programs which are being documented by photography and/or videography during these activities. Your membership and/or registration and attendance at these events constitutes your express consent to use your likeness in connection with the production of video and / or photographic material and for any exhibition thereof in any / all media throughout the world for commercial, training and / or educational purposes. I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of membership consideration, or dismissal from ESWDA, Inc. I authorize the ESWDA, Inc. to conduct any background investigation necessary that may include a criminal history check.. Further, I release the ESWDA, Inc. from any and all liability for any damages that may result from information collected during this membership application request. Verification of eligibility to join in the ESWDA, Inc. must be satisfied for an application for membership to be accepted.

SIGNATURE _____ PRINT NAME _____ DATE ____ / ____ / ____