



Lycoming County Beagle Club Membership Application



Name: _____ Profession: _____ Date: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

How many **registered** beagles do you own? _____ Are you in good standing with the AKC? Y N

Have you ever been or are you presently a member of another Beagle Club? Y N

Club Name: _____ Active: Y N

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Did you ever hold an officer position at that Beagle Club? Y N Position: _____

Do you remain in "good standing" with that Beagle Club? Y N

Would you be interested in holding a position as an officer in this club? Y N

As a probationary member, do you understand that you may be required to serve on at least one club committee by self-appointment or by appointment of the Board of Directors? Y N

Please select two of the following committees that you would be willing to participate in. Mark 1 for first choice and 2 for second choice on the line provided.

Field Trial Committee _____ Grounds Committee _____ Kitchen Committee _____

Farming Committee _____ Housekeeping Committee _____ Finance Committee _____

Should our club be made aware of any medical problems, which would require emergency medical help? Y N

Explain (Confidential to the screening committee only): _____

Workdays and events are normally on weekends. Would you be in conflict with this if asked to participate? Y N

Explain: _____

Please review the attached Lycoming County Beagle Club By-Laws and Running Rules. Please immediately review Article I: Membership and Article II: Dues of the By laws.

Have you fully read and understand the requirements of a probationary member? Y N

Acknowledgement

I hereby apply for membership in the Lycoming County Beagle Club and agree to serve a 12-month probationary period. The expectation of earning (40) points in lieu of work point fees, a six month review, helping with Club activities and attending 50% of club meetings is a responsibility I believe I can fulfill.

I understand that my membership may be terminated with no refund of dues for failing to fulfill my probationary member expectations.

Signature: _____ Date: _____

Sponsored by: _____

Initiation Fee = \$50.00 + Dues = _____ (\$8 per month Sept-Aug) Total Due: _____ Paid: Cash or Check # _____

Reviewed by: President (initials) _____ Secretary (initials) _____ Treasurer (initials) _____ Revised: May 2017