

EVANSVILLE DOG OWNERS GROUP APPLICATION

Name _____ Phone _____

Address _____ City _____ State/Zip _____

eMail Address (required for EDOG business only) _____

Dog's Name / Description _____

(Please enclose a color, full-body photo of your dog - Required to enable proper ID of each Member dog)

Membership in Central Bark Park is on an Annual renewal basis

Our Membership year runs April 1 through March 31

Refer to the chart below to determine your pro-rated dues, based on the submission date of your Application.

Chart

<u>Month Joining</u>	<u>Amount Due</u>	<u>Month Joining</u>	<u>Amount Due</u>
January	\$ 7.50	July	\$ 22.50
February	\$ 5.00	August	\$ 20.00
March	\$ 2.50	September	\$ 17.50
April	\$ 30.00	October	\$ 15.00
May	\$ 27.50	November	\$ 12.50
June	\$ 25.00	December	\$ 10.00

INCLUDE THE FOLLOWING WITH THIS COMPLETED APPLICATION

____ **Proof of Current Vaccinations** (copy of rabies vaccination certificate and/or Veterinary statement or receipt)

____ Rabies ____ Bordetella ____ Parvovirus ____ Distemper ____ Heartworm Product

____ **A Full-Body photo of you dog**

____ **Signed Liability Waiver**

____ **A Check or money order for your pro-rated Membership Fee plus a one-time \$10 Administration Fee**

Mail to : **Evansville Dog Owners Group**
 PO Box 4092
 Evansville IN 47724