

2019 January 1 thru December 31
GRATEFUL DOGS OF JUNEAU, INC. Membership Application



| Memberships available (please circle your choice) | | | New | or | Renewal |
|---|-------|---------|-----|----|---------|
| Individual | \$ 10 | 1 vote | | | |
| Household | \$ 10 | 1 vote | | | |
| Donor | \$100 | 1 vote | | | |
| Corporate | \$100 | no vote | | | |

Personal Information

Name _____

Other Members in Household _____

E-mail _____ Phone # _____

Mailing address _____

Name, breed, and age of dog(s) _____

I would like to help with the following activities:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Phone tree |
| <input type="checkbox"/> Board | <input type="checkbox"/> Poop scoops |
| <input type="checkbox"/> Dog walks | <input type="checkbox"/> Public Education |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Responsible Dog Ownership Day |
| <input type="checkbox"/> Website | <input type="checkbox"/> Other _____ |

Liability Waiver

I understand participating in events held or sponsored by Grateful Dogs of Juneau may include potentially hazardous activities. I assume all risks, which include falls, contact with other participants, the weather, road or trail conditions and traffic. I assume all risks associated with participating in any/all events held or sponsored by Grateful Dogs of Juneau. I hereby release the Grateful Dogs of Juneau, of any and all responsibility for damage or personal injury that may occur as a result of participating in an event.

I also certify and represent that my dog(s) is not a hazard to other dogs or persons, is current on all vaccinations or is titered. My dog(s) is clean and in good health. I accept personal responsibility for any and all actions my dog makes.

Applicant's signature

Second Applicant's signature

Name Printed

Name printed

Date

Date

Make checks payable to Grateful Dogs of Juneau
Send to: GDoJ, P.O. Box 20887, Juneau, Alaska 99802