

# BARK AVENUE DOG PARK MEMBERSHIP APPLICATION

Please complete application form, hold harmless agreement and submit your up- to-date vaccinations for all dogs with this application. Memberships can be purchased at the Montgomery County Animal Welfare League at 1104 Big Four Arch Rd. Crawfordsville, IN or the Crawfordsville Community Center 922 E. South Blvd. Crawfordsville, IN.

OWNER NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_

PRIMARY EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### ANNUAL MEMBERSHIPS Good for one year from the date of purchase

1. **\$40** DOG NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Date of Rabies \_\_\_\_\_ Date of Bordetella \_\_\_\_\_ Date of Distemper (DHLPP) \_\_\_\_\_

2. **\$20** DOG NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Date of Rabies \_\_\_\_\_ Date of Bordetella \_\_\_\_\_ Date of Distemper (DHLPP) \_\_\_\_\_

3. **\$10** DOG NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Date of Rabies \_\_\_\_\_ Date of Bordetella \_\_\_\_\_ Date of Distemper (DHLPP) \_\_\_\_\_

4. **\$10** DOG NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Date of Rabies \_\_\_\_\_ Date of Bordetella \_\_\_\_\_ Date of Distemper (DHLPP) \_\_\_\_\_

### OFFICE USE ONLY

**Membership total \$** \_\_\_\_\_

Fob # \_\_\_\_\_ **(1<sup>st</sup> FREE)** Fob # \_\_\_\_\_ **\$10** Fob # \_\_\_\_\_ **Fob total \$** \_\_\_\_\_

**DATE** \_\_\_\_\_ **TOTAL DUE \$** \_\_\_\_\_

Liability Waiver signed by all adult users \_\_\_\_\_

Vaccinations provided for all dogs \_\_\_\_\_