



Membership Application

NOTE: If you are a new member applying for a Professional membership, you are required to submit a resume with your application detailing your experience as it relates to dog training/instructing. A sponsorship signature from a Professional CAPPDT member in good standing is also required. Please see below.

Membership Year	20_____ New _____ Renewing _____		
First Name		Last Name	
Address			
City		Province/State	
Country		Postal Code / ZIP	
Phone		Email	
Mandatory ****	Have you ever been convicted of an Inhumane act against an animal?	Yes ●	No ●
	<p>By my signature below, I am stating that I have provided accurate information to the best of my knowledge and ability and I agree to comply with the By-Laws and Code of Ethics of the Association.</p> <p>Signature _____</p> <p>Date _____</p>		
Annual Dues	<p>Please indicate your choice: Professional: \$73.50 (new) _____ \$63.00 (renewal) _____</p> <p style="text-align: center;">Associate: \$47.25 (new) _____ \$42.00 (renewal) _____</p> <p style="text-align: center;"><small>All fees include 5% GST GST #860806942 RP0001</small></p>		

By affixing my signature below, I am agreeing to sponsor this applicant for Professional membership in CAPPDT.

Signature _____

Print name _____

Payment may be made by Visa, Mastercard or cheque payable to
CAPPDT and mailed to **CAPPDT, P.O. Box 85, Shelburne, ON L0N 1S0**
If payment is by VISA or MASTERCARD, please complete this section:

VISA _____ MASTERCARD _____ Card Number _____ Expiry Date _____

Name of Cardholder _____ Signature _____

**NOTE: New memberships received after December 31st are deemed to
be for the next membership year (please see over) • • • • •**

For Professional Members :

<input type="checkbox"/>	Please check this box IF YOU DO NOT WANT your name, company address, phone number and e-mail address listed on the CAPPDT member/trainer website. Otherwise complete the following:		<input type="checkbox"/> (For renewing members) No change from last year
Company Name			
Company Address			
City/Town		Postal Code	
Company Phone		Company Fax	
Web Site Address			
E-mail Address			
Training Services (Puppy, Beginner, Field, Conformation Handling, Sledding, Competitive Ob, etc)			
Area served (city/town)			

For office use only:

Date received _____

Amount enclosed _____