



Adirondack Scent Work Club

Membership Application Form

Follow the Scent of Adventure

Member Information

Full Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Dog Information

Dog's Name: _____

Breed: _____

Age: _____

Training Level (check one):

☐ Beginner ☐ Novice ☐ Advanced ☐ Competition

Titles (if any): _____

Membership Type

☐ Individual Membership ☐ Family Membership ☐ Supporting Membership

Individual and family memberships enable members to attend meetings with voting rights and all club practices. Supporting members may attend meetings without voting rights and 2 club practices a year.

Experience & Interests

Have you participated in scent work before?

☐ Yes ☐ No

If yes, please describe briefly:

Areas of Interest (check all that apply):

☐ AKC Scent Work/ NACSW Nosework ☐ Fun Matches / Trials ☐ Workshops & Seminars
☐ Volunteering ☐ Club Events & Fundraisers

Volunteer Interest

Our club thrives on teamwork! Please indicate how you'd like to help:

☐ Event Setup/Breakdown ☐ Trial Volunteer ☐ Fundraising Events
☐ Social Media / Promotions ☐ Hospitality

Membership Agreement

By joining the Adirondack Scent Work Club, I agree to:

- Promote positive, humane training methods
- Support fellow members and their dogs
- Follow club rules and event guidelines
- Respect training spaces and equipment

Signature: _____

Date: _____

Name: _____

Payment Information

Membership Fee:

Yearly: ☐ \$200 individual ☐ \$300 family **Bi annual:** ☐ \$125 ☐ \$175

Supporting: ☐ \$50/year

☐ Cash ☐ Check (Payable to Adirondack Scent Work Club) ☐
Other: _____

Club Use Only

Date Received: _____ Membership Approved: ☐ Yes ☐ No

Processed By: _____

 *Thank you for joining our community—where teamwork, trust, and the joy of the search come together in the heart of the Adirondacks!* 