

**Canine Agility of Central Minnesota, Inc.
Membership Application**

**Mail to: Sandy Lindblad
CACM Secretary
4872 165th Ave
Becker, MN 55308**

Date: _____

Make checks out to CACM

Membership cost is \$25 for family, \$15 for single membership. Good Jan.1 thru Dec. 31
Members must volunteer a minimum of 4 hours to attend the annual banquet and receive a gift.

Learn more about us by checking out our website: www.cacmagility.com.

Information About You:

Name (s): _____

Address: _____

City: _____ **State:** _____ **Zip/Postal:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **E-mail:** _____

About Your Dog (s):

NAME	BREED	AGE	HEIGHT	Obedience Trained?

How did you hear about us? Family ___ **Friend:** ___ **Newspaper** ___
Saw Equipment ___ **Other** _____

Are you interested in helping with:

Club Officer _____ **Show Committee Chair** _____ **Course Builder** ___
Show Assistance ___ **Instructor** ___ **Obstacle Construction/Repair** _____

Make checks payable to CACM