

Dog Owners Training Club (DOTC) of Maryland
Registration Form for School Year September 2026 to June 2027

DOTC is the second oldest, continuously operating AKC obedience club in the United States. DOTC offers AKC Star Puppy classes, as well as classes in obedience, rally, conformation, scent work, tricks, and fitness (AKC Fit Dog). We hold an annual Obedience/Rally Trial in March. We also host Fast CAT events, Farm Dog Certification, Scent Work trials, as well as CGC and Trick Dog Testing throughout the year. DOTC holds classes from September through May at the Carroll County Agriculture Center, 706 Agriculture Center Drive, Westminster, MD 21157. Classes are held on Wednesday evenings, starting at 6:30pm. DOTC divides classes into four 8-week sessions, often rotating which classes are offered each session.

Type of Membership (Please check one)

- A. ☐ **Outreach/Training Participant (New Student)** - (\$120 for first 8-week session) is for individuals (18+) new to DOTC. Upon completion of a training class, they will be eligible to apply for Regular (Individual) Membership (see below), with the endorsement of two DOTC members in good standing. New students are not eligible to vote or hold office.
- B. ☐ **Regular (Individual) Member** - (\$160 for full school year) This level of membership is open to prior DOTC members, as well as participants applying for first time as a Regular Training Member. New applicants must have the endorsement of two DOTC members in good standing, must be approved by the BOD, and voted on by the voting membership. **ONLY new applicants' fees will be pro-rated if they join during the school year.**

Sponsor Signature

Print Name

Sponsor Signature

Print Name

Regular Training Members are entitled to the following:

- Train one dog in one class each session, for the current school year
- Enroll in other classes each session, or enroll other dogs, in the same class, for \$40 for each additional class/dog
- Vote in any meeting and/or election
- Hold an Officer or Board position
- Be an Instructor or Assistant Instructor
- Free CGC/CGCA/CGCU/Trick testing/Fit Dog testing
- New title plaque for each dog at the end of the school year
- Invitation to End of Year Picnic / Awards Ceremony
- Be eligible to receive a Perpetual Trophy

All Regular Training Members must be current on their membership dues to take classes, vote, or hold office. Regular Training Members' annual dues are a **membership fee** to belong to DOTC. One of the benefits of joining as a Training Member is the opportunity to enroll one dog in one class each session. As a Training member, you are NOT paying for each session, and no refunds will be issued for missed classes, or closures that are beyond the control of DOTC.

- C. Junior Handler - (No dues due) This level of membership is open to children under 18 with approval of parent. Junior members are non-voting / non-office holding members. One or more parents must be a DOTC member. My parent (_____) is registered with DOTC.
- D. Life Member - (\$20) Must have been a DOTC member for at least 20 years. May be self-nominated, or nominated by a Board Member. This must be approved by the BOD. Life members may vote and hold office.
- E. Associate Member – (No dues due) For individuals who live outside of the Club's area, who are not active, or who are unable to take classes. These are non-voting / non-office holding members.

Additional information

Additional Classes: As a regular training member, you can register your dog for more than one class, or register a different dog for the same class as your first dog. The cost of each additional class (or additional dog) is \$40 per 8-week session. Please note additional amount paid: \$_____

Volunteer Hours: Members can subtract volunteer hours (\$1 per volunteer hour; \$2 per Instructor/Assistant Instructor/Board Member volunteer hour) from dues, for a maximum of 150 hours. Volunteer hours are calculated by the member, based on an honor system. Please provide documentation on how your hours were calculated. Note the value of your volunteer hours for the period September 2025 thru June 2026 and subtract that from your dues. \$_____

Financial Assistance: Regular Members can apply for financial assistance. Please see the Financial Assistance Form for details. Please check if you plan to apply for financial assistance. _____ Yes _____ No

TOTAL AMOUNT ENCLOSED \$_____

TELL US ABOUT YOUR DOG(s)

	Dog 1		Dog 2	
Call Name				
Age				
Sex	Male	Female	Male	Female
Spayed/Neutered?	Yes	No	Yes	No
Breed/ Type				
Rabies Tag #				
Rabies Exp. Date				

PLEASE ATTACH A CURRENT COPY OF RABIES CERTIFICATE FOR EACH DOG.

PLEASE PROVIDE THE FOLLOWING INFORMATION

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Emergency Contact Information: Name _____ Phone _____

_____ By checking here, I agree to allow my contact information to be added to the DOTC membership list and made available to DOTC members. I understand that my information will NOT be given to any organizations or individuals not associated with DOTC.

STATEMENT OF RESPONSIBILITY

I have read a copy of the AKC's Code of Sportsmanship, which is available on the AKC website. I have read and understand the Bylaws and the Constitution of Dog Owners' Training Club of Maryland, which is found on the home page of the DOTC website (www.dotc4dogs.org). I willingly agree to hold harmless DOTC and/or its Officers, Board of Directors, members, instructors and property owners on which any activities are held from any claims of loss, including injury and death that may be alleged to have been caused directly or indirectly to me or my dog(s) while participating in any DOTC activity. I personally assume all responsibility and liability when entering DOTC activities/premises for whatever purpose at my own risk, including without limitation such risks, claims or injuries as my dog, my guest or I may sustain as a result of other dogs and/or their handlers/owners' failure to abide by the above Statement of Responsibility and the Club's Rules and Regulations.

Signature _____ Parent (if under 18 year) _____

Date _____

Please send this form and check (Made payable to DOTC) to:

Cleo Curry, 505 South Bend Court, Westminster, MD 21157

If you have questions, please email Cleo at cleocurry@msn.com