



MEMBERSHIP FORM

RENEWAL
NEW MEMBER

MEMBER #1
DOG NAME:
BREED: SEX: (M/F)

MEMBER #2
DOG NAME:
BREED: SEX: (M/F)

OWNER' (S) NAME:
ADDRESS:
CITY:
POSTAL CODE: HOME PHONE:
E-MAIL:

ANNUAL MEMBERSHIP FEE: One dog \$10.00/yr
Two dogs \$15.00/yr

Membership Fee included \$

*Additional Donation \$

For a donation of \$50.00 or more, we will list your name as a patron on our "Rainbow Bridge" board.

My owner understands that he/she is responsible for my actions at all times.

Owner's Signature _____ Date: _____

My owner would like to help with the planning and administration of the dog trail/park
- Please call.

MAIL TO: Quinte Dog Park Association, c/o Quinte Computer Services,
OR FOR P. O. Box 578, 141 William St, Belleville, Ontario, K8N 5B2
MORE INFO: VISIT US @ www.quintedogpark.com