

O.G. HAUPTSTADT

WELCOME,

On behalf of Hauptstadt, I would like to take this opportunity to welcome you and I hope your visit will be an enjoyable one.

Hauptstadt is a club associated with a national organization"/ the German Shepherd Dog Club of America – Working Dog Club (WDA). We are primarily a German Shepherd Dog club. We allow other breeds to participate in Schutzhund trials, we offer AD, Breed Surveys, Koerungs, Conformation showu, and Youth Evaluations only for the German Shepherd Dog.

Look us over, visit other Schutzhund Clubs in the area, and if you would like to be part of Hauptstadt, welcome aboard. We encourage all members to set goals for the year and work with the trainers towards achieving those goals.

The procedure for membership application is:

1. **Six weeks of training** (must attend four of the six weeks)
 - A. No club privileges
 - B. **\$80.00 training fee** (non-refundable)
 - C. After six weeks, and the next board meeting, the Board of Directors will notify you if you have been accepted for the next phase of membership.
 - D. Provide proof of vaccinations of your dog.

2. **Associate membership (six months)**
 - A. All club privileges, except you will not have a vote at club meetings.
 - B. Voted to full membership by the general membership, after a minimum of six months completed.
 - C. You must be a WDA member.
 - D. See dues schedule for information on dues. (One-half of a full members yearly dues). \$100.00 – one dog single membership.

During your six-week training period, you will be observed for ATTITUDE, SOCIABILITY, TRAIN ABILITY, and adherence to club rules and regulations. On the other hand, we expect you to observe us, see if you like our training methods and attitudes. You are encouraged to ask questions about the club, training methods, or our rules and regulations.

Because of weather, trials and show schedules, call the training director or president on Saturday, the day before training if you are questioning whether to come or not.

Training Director:	Matt Levin	608-924-9609 : cell 608-219-5267
Russ	Mohns	608-273-3025 : cell 608-516-5358
	Steve Miller	608-588-7506 : cell 608-577-7506
President:	Karolyn Levin	608-924-9609 : cell 608-335-9603
Treasurer:	Connie Miller	608-588-3405 : cell 608-588-4045

Yours

in the Sport

Connie

Miller, HSV Treasurer

Hauptstadt Membership Application

This application to our general membership is subject to approval by the board of directors and the active membership.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____ work _____

E-mail: _____

Are you a member of the GSDCA? _____ GSDCA-WDA? _____

What type of membership are you applying for? _____ Single _____ Family

Liability Waiver and Release:

That in consideration of permission to participate or attend the activities O.G. Hauptstadt hereinafter, (Hauptstadt) the undersigned hereby waives any claim or any kind or character whatsoever against Hauptstadt, all its sponsors, members and affiliated persons on account of any accident or injury to person or property which may have arisen or may hereafter arise out of the activities of said person or persons or the participation or attendance of the above referenced person or persons at or in the dog shows, training sessions, group lesions, clinics, trials, any and all practices or performances of Hauptstadt and any and all other similar activities of Hauptstadt.

That the undersigned hereby accepts and assumes all risks incident to any such participant or attendance in any activities, whether on account of a dog or dogs or otherwise; and that the undersigned hereby releases and agrees to save and hold harmless the club together with all its sponsors, members, or affiliated persons from any claims, legal proceedings, or awards of any kind, including without limitation any costs of suit and attorney fees incident to the defense thereof, all arising on behalf of the above referenced person or persons, his heirs, executors, administrators or assigns or for or on behalf of the undersigned in proprietor persons, in connection with any such activities or otherwise.

Signature of member applicant: _____ Date: _____

Hauptstadt New Member Information Sheet

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Cell/Work _____

E-Mail: _____



Dog's Name: _____

Registration # _____ Breed: _____

Date of Birth: _____ Titles: _____

2nd Dog Info:

Dog's Name: _____

Registration # _____ Breed: _____

Date of Birth: _____ Titles: _____

Temperament Test:

Results: _____ Date: _____

Date & Amount Paid: _____ \$ _____