## Doberman Pinscher Club of Southern California (DPCSC) Application for Membership

## (Please TYPE or PRINT all information)

| Applicant name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Spouse's name (if applicable)                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                      |                                                                                                                         |  |
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| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | State                                                                                                                                | Zip                                                                                                                     |  |
| Mobile phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Secondary phone                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                      |                                                                                                                         |  |
| Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Are you on Facebook? Yes ☐ No ☐ Internet? Yes ☐ No ☐                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                                                      |                                                                                                                         |  |
| Do you currently own a Dobe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rman? Yes ☐ No ☐                                                                                                                                                                                                                                                                                                                                              | Experience with the                                                                                       | breed                                                                                                                                | years.                                                                                                                  |  |
| About me: (check all that app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | oly)                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                                                      |                                                                                                                         |  |
| Breeder □                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Member of the DPCA $\square$                                                                                                                                                                                                                                                                                                                                  | Licensed                                                                                                  | AKC judge [                                                                                                                          |                                                                                                                         |  |
| Exhibitor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Assisted with dog show event                                                                                                                                                                                                                                                                                                                                  | s 🗆 Licensed                                                                                              | UKC judge l                                                                                                                          |                                                                                                                         |  |
| Interested in: ☐ Conformation ☐ Obedience ☐ Performance activities ☐ Education about the breed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                      |                                                                                                                         |  |
| ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                      |                                                                                                                         |  |
| application will be read at the application will be read to the requires a majority of member member agrees to abide by the new member upon acceptant. The DPCSC Constitution and good standing with the Ameri objectives of the club, a synomembership dues are \$25.0 dues is required with the substantial to the synometric content of the club, and the synometric content of the club, a synometric content of the club, | e first general meeting after subsective general meeting after subsective general membership for the section where the constitution and Bylaws of the Constitution and Bylaws of the Bylaws require that all prospection Kennel Club, the Doberman pois of which are printed on the constitution of this application. If the car of membership. If not accept | ective members be at an Pinscher Club of A e back of this form.  per immediate famile application is acce | general mee<br>ght to a vote<br>member. If a<br>vill be made a<br>t least 18 yea<br>America and<br>ily per year. A<br>epted, the due | ting the . Membership ccepted, the available to the ars old, and be in subscribe to the  A deposit of the es will apply |  |
| Membership recommended and endorsed by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                      |                                                                                                                         |  |
| Proposed by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Secon                                                                                                                                                                                                                                                                                                                                                         | nded by:                                                                                                  |                                                                                                                                      |                                                                                                                         |  |
| Waiver of Claims and Hold Harmless Agreement for Members                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                      |                                                                                                                         |  |
| DPCSC shall not, in any case to persons or property suffere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of their self, their heirs, success<br>e or under any circumstances,<br>ed or sustained in any and all co<br>DPCSC, no matter how caused                                                                                                                                                                                                                      | be liable or responsil                                                                                    | ble for any d                                                                                                                        | amages or injuries                                                                                                      |  |
| The undersigned further agrees to hold DPCSC, its officers and members harmless from any liability for any damages or injuries to persons or property (including physical damage deductible) arising from an automobile or any other accident during the preparation for and/or participation in club activities and waives all damages or claims for damages.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                      |                                                                                                                         |  |
| Executed in California, county                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | y of San Diego, on this d                                                                                                                                                                                                                                                                                                                                     | ay of                                                                                                     | , 20                                                                                                                                 |                                                                                                                         |  |
| Applicant legal signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                      |                                                                                                                         |  |
| Spouses legal signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                      |                                                                                                                         |  |

Effective date: 12 Dec 2022

## Doberman Pinscher Club of Southern California (DPCSC)

The objectives of the Club shall be:

- 1. To promote and support the prevention of cruelty to animals in general and the Doberman Pinscher in particular;
- 2. To produce, publish, and distribute to the general public educational materials about the proper care, treatment, breeding, health, development and training of Doberman Pinschers;
- 3. To support and promote study and research on the history, character, breeding, genetics and particular health problems of the Doberman Pinscher;
- 4. To further understanding of the disease, defects, injuries and other ailments that afflict dogs in general and the Doberman Pinscher in particular;
- 5. To acknowledge and advance the critical role of an AKC recognized parent club in providing education, health research and support of rescue and reduction of overpopulation for the benefit of the general public, purebred dogs and Doberman Pinschers in particular;
- 6. To encourage and promote quality in the breeding of purebred Doberman Pinschers and to do all things possible to bring their natural qualities to perfection;
- 7. To urge members and breeders to accept the standard of the breed as approved by the American Kennel Club as the only standard of excellence by which the Doberman Pinscher shall be judged;
- 8. To do all in our power to protect and advance the interests of the breed by encouraging sportsmanlike competition at: sporting events, sanctioned matches, specialty shows, obedience and tracking trials, Working Aptitude Tests and other such activities and events as may be held under the rules of the American Kennel Club and the Doberman Pinscher Club of America, in furtherance of the above purposes;

Effective date: 12 Dec 2022