



**Best Friends Dog Club of Sun City
Membership Form
(Membership is open to all RCSC members)**

Applicant Information:

Full Name: _____

Nickname: _____ RCSC NUMBER: _____

Address: _____

Sun City, AZ 85351 or 85373

Phone Number: _____

Email: _____

Emergency Contact Information:

Full Name: _____

Dog's Name: _____

Phone Number: _____

Breed: _____

Email: _____

Age: _____ Gender: Male _____ Female: _____

Dog Information: (add additional dogs on back)

Interests (check all that apply):

Obedience		Rally		Scentwork		Therapy	
Conformation		Agility		Games		Tricks	

Other interests: _____

How did you hear about us:

Website		Social Media		Newspaper	
Event		Current Member		Word of Mouth	

Other: _____

Are you interested in volunteering? (check all that apply)

Board Member:

President		Vice-President		Secretary		Treasurer	
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Committee:

Publicity		Photographer		Training Support		Registrar	
Event Coordinator		Marketing		Webmaster		Membership	

Previous experience with dogs (if any):

I agree to abide by the Best Friends Dog Club Rules & Regulations as posted at bestfriendsdogsclub.org

Signature: _____

Date: _____

Membership dues: Please submit your form along with payment of \$10.00. Make Checks payable to Best Friends Dog Club.

To be filled in by BFDC only: Check # _____/Cash _____

2025		2026		2027		2028		2029		2030	
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