



Lunenburg Dog Park Society

Society Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City Prov. Postal Code

Phone: () _____ E-mail Address: _____
Have you ever been a member of this society? YES NO
 If yes, when? _____

Experience

(Please indicate any experience you have with dogs)

Dog Information

Please list information regarding your dog(s).

Name: _____ Breed: _____
Age: _____ Sex: _____
Spayed/Neutered?: _____

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Spayed/Neutered?: _____

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Age: _____ Sex: _____
Spayed/Neutered?: _____

Disclaimer and Signature

I certify that this form is completed and true to the best of my knowledge.

I understand that I am required to adhere to the society's by-laws created by the executive and approved by the Registry of joint Stock Companies and failure to do so could result in my release.

Signature: _____ Date: _____