



Conneaut Lake Bark Park, INC.
12810 Foust Road
Conneaut Lake, PA 16816
814-367-2167
www.conneautlakebarkpark.com

APPLICATION FOR MEMBERSHIP

PET GUARDIAN INFORMATION:

NAME:	PET'S NAME:
ADDRESS:	CITY, STATE, ZIP CODE
HOME PHONE:	CELL PHONE:
E-MAIL:	EMERGENCY CONTACT (Name and Phone number)
MEMBERSHIP BEGIN DATE:	MEMBERSHIP END DATE:

PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT	CARD INFORMATION: <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
NAME OF CARDHOLDER:	CARD OR CHECK NUMBER:

MEMBERSHIP INFORMATION: DISCOUNTS FOR ADDITIONAL PETS IN THE FAMILY

Membership Type:	BEFORE JULY 1	AFTER JULY 1
<input type="checkbox"/> DAILY	\$3.75	\$5.00
<input type="checkbox"/> WEEKLY	\$10.00	\$12.00
<input type="checkbox"/> WEEKEND	\$7.00	\$10.00
<input type="checkbox"/> ANNUAL WEEKEND MEMBERSHIP	\$105.00	\$125.00
<input type="checkbox"/> MONTHLY	\$21.00	\$25.00
<input type="checkbox"/> QUARTERLY (3MONTH)	\$65.00	\$75.00
<input type="checkbox"/> SEMI-ANNUAL	\$100.00	\$125.00
<input type="checkbox"/> YEARLY	\$175.00	\$205.00

CONTRACT:

My signature below is to verify that I have read the rules provided regarding the conduct of myself and the dogs in my care. I agree to follow the aforementioned rules. I hereby waive and release Conneaut Lake Bark Park Inc., its employees, owners and agents and Board of Directors from any and all liability of any kind, for injury or damage which my dog, myself, members of my family or guests may suffer, however caused, including specifically, but not without limitation, any injury or damage while using the dog park, the surrounding picnic and bench areas, the parking lot or while attending any training session or other function of Conneaut Lake Bark Park Inc., as well as Forever Friends Pet Memorial Park.

Signature _____ Date _____