



Columbus, Indiana Dog Park Association, Inc.
Dog Park Membership Application

\$100 for a one year membership for up to 3 dogs per family.
 \$20 for each additional dog per family.

Please submit full payment, signed hold harmless agreement for each family member, signed rules sheet, and updated rabies vaccination records for each dog with this application. Failure to submit these documents will result in a delay in the application process.
 Mail forms to CIDPA, PO Box 2503, Columbus, IN 47202 Or Fax to: 866-568-6475

Names (s) of Dog Owners All people listed here must have also signed the hold harmless agreement or your application cannot be fully processed.					
Street Address City, State, Zip Code					
Phone Numbers(s)					
Email Address(es) Please note that e-mail is our primary form of communication. Your e-mail will not be shared and is used for important membership announcements by the CIDPA Board ONLY.					
Dog Information **Be sure to include rabies vaccination information for each dog**		NAME OF DOG	BREED	COLOR	SEX
	1.				
	2.				
	3.				
	4. +\$20				

FOR CIDPA, Inc. USE ONLY: Key/Card number: _____
 Amount paid: _____ CASH CHECK CHARGE PAYPAL