



**Willow Dog Musher's Association
Membership Application**

Name _____

Mailing Address _____

Home Phone # _____ Work Phone # _____

Cell Phone# _____ Email Address _____

Kennel Name _____

Kennel Information (size, type, goals, etc.) _____

As a member I'd like to help with _____

I have an interest in _____

Membership Fee:

\$25.00 each for first two in household and \$5 for each additional person in household.

Membership is from April 1 – March 31st.

Every member 18 years and older in good standing with WDMA is entitled to one (1) vote and a custom patch.

Make checks payable to Willow Dog Musher's Association (WDMA)
P.O. Box 858, Willow, Alaska 99688

LIABILITY RELEASE
THIS IS A LEGAL DOCUMENT
Read Before Signing

By signing below, I acknowledge and assume all risks that are inherent in and associated with dog mushing, and I agree not to hold the Willow Dog Musher's Association, or any of its members, liable for any injuries and/or property losses sustained by me, my family, my guests or my dogs while participating in such sports. This release includes claims relating to all injury of any sort including fatal injury and including injury that is not foreseeable at this time.

Name _____ Date _____