



## Irish Wolfhound Club of the Willamette Valley Membership Application

Membership Type:     Individual \$20.00     Family \$25.00  
                                  New                     Renewal

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE/CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

How long have you owned Irish Wolfhounds? \_\_\_\_\_ years     New IW owner     New dog owner

How many wolfhounds do you own? Please indicate age and spay/neuter status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other dogs/pets? (List):

\_\_\_\_\_  
\_\_\_\_\_

**AREAS OF INTEREST:**     Companion     Conformation     Obedience     Parades/Events  
 Breeder     Lure Coursing     Rally     Therapy Dog     Other  
 **Rescue: I can foster**     Yes     No     **Help with transport**     **Help with grooming/take to vet's**

I agree to abide by the rules of the AKC and the By-Laws and Code of Ethics of the Irish Wolfhound Club of the Willamette Valley, and agree to hold harmless the club, it's members, officers, and any and all persons acting on the club's behalf in the event of any accident or incident occurring with/to myself and/or my dog during any club activity and/or event.

(your signature): \_\_\_\_\_

**For New Members:**

Sponsor #1: \_\_\_\_\_ Signature: \_\_\_\_\_

Sponsor #2: \_\_\_\_\_ Signature: \_\_\_\_\_

\*Membership is pending approval at the next regularly scheduled club meeting\*

RESCUE DONATION \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

**Return application with dues to: Sue Tank, PO Box 2005, Sisters, OR 97759**