



APPLICATION FOR MEMBERSHIP (PLEASE PRINT ALL INFORMATION)

YOUR NAME: _____

2nd APPLICANT'S NAME _____

(If applying for family membership)

JUNIOR MEMBER NAME(S): _____ AGE(s): _____

ADDRESS: _____

_____ ZIP: _____

HOME #: _____ CELL #: _____

EMAIL ADDRESS: _____

WHAT IS YOUR INTEREST IN DALMATIANS ? (check all that apply)

() PET OWNER/HOME COMPANION () AGILITY () OBEDIENCE () DOG SHOWS () BREEDER () THERAPY DOG ()

OTHER (please explain): _____

ARE YOU A MEMBER OF ANY OTHER DOG ORGANIZATIONS? _____

HOW MANY DAL S DO YOU OWN? _____

HOW LONG HAVE YOU BEEN INVOLVED WITH THE BREED? _____(years)

WHAT ARE THEIR NAMES/AGES: _____

ARE THEY AKC REGISTERED? YES/NO

DO YOU USE OR HAVE A KENNEL NAME? _____

HAVE YOU EVER BRED ANY LITTERS? PLEASE DESCRIBE: _____

ONCE YOU BECOME A MEMBER....WE COULD REALLY USE YOUR HELP

THE DVDC PROVIDES LOTS OF OPPORTUNITIES FOR DAL LOVERS TO GET TOGETHER, AND WE CAN ALWAYS USE A LITTLE HELP TO GET THINGS DONE. IN WHAT AREAS OF OUR CLUB MIGHT YOU BE WILLING TO HELP OUT OCCASIONALLY?

(Please check as many of these activities/events/committees as you wish. The extent of your involvement could be as much or as little as you want. We aren't asking you to make any commitment at this time -- just to express possible interests. We are always looking for new ideas for activities and events too!)

___ Speakers ___ Fun Day/Picnic ___ Recognition Dinner ___ FAST CATS ___ Education/Outreach

___ Specialty Show ___ PA Federation of Dog Clubs Rep



MY/OUR TWO CLUB SPONSORS – ALL MEMBERS IN GOOD STANDING – ARE:

SPONSOR 1: _____ DATE: _____

SPONSOR 2: _____ DATE: _____

I/WE HAVE ATTENDED THE FOLLOWING CLUB FUNCTION:

Function: _____ MO/YR: _____

I/We, the undersigned, agree to abide by the Code of Ethics and Bylaws of the Delaware Valley Dalmatian Club. No matter what my/our area of interest, I/we will be caring, knowledgeable and conscientious caretakers of our beloved spotted companions.

Signature _____ Date: _____

Signature _____ Date: _____

MEMBERSHIP DUES:

SINGLE MEMBERSHIP -- \$25 PER YEAR

FAMILY MEMBERSHIP (ADULTS AND CHILDREN 10-18) -- \$30 PER YEAR

INDIVIDUAL JUNIOR MEMBERSHIP (AGE 10-18) -- \$10 PER YEAR

PLEASE SEND YOUR APPLICATION TO:

Cindy Greene

8 Buttonwood Way

Rose Valley, PA 19063-4208

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CINDY AT: 610-565-7166 or email: yonnobi@aol.com

FOR CLUB USE ONLY:

APPLICATION RECEIVED ON: _____

VOTED UPON BY BOARD ON: _____

MEMBERSHIP DUES PAID: _____