

WORKING DOGS OF NORTH CENTRAL WISCONSIN

Membership Application



Name _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Occupation or Profession _____

Dogs you own (use additional sheet if needed):

BREED	CALL NAME	ELIGIBLE FOR UKC REGISTRATION	
		Yes	No

Are you a member of any other dog-related club(s)? Yes, No If yes, please list _____

Type of membership applying for: Family (\$25.00/year), Single (\$15.00/year), Junior (\$5.00/year)

By submitting this application, I agree to abide by the Constitution and Bylaws of the Working Dogs of Wisconsin, Inc, d.b.a. Working Dogs of North Central Wisconsin, and the Rules of the United Kennel Club.

Please sign this application and make check payable to: WDNCW, and mail to:

WDNCW, Attn: Carol Lanphear-Cook, PO Box 420, Stevens Point, WI 54481.

Applicant's Signature _____ Date _____

Sponsor Name (please print): _____

Sponsor Signature _____ Date _____

NOTE: Applications for membership can be sponsored only by active members in good standing. Applications must be accompanied by one year's dues. For applications submitted prior to June 1st, a full year's dues are payable. For applications received on or after June 1st, one-half of the yearly amount is payable. Applicants must attend at least one club meeting prior to being elected for membership.

For Club Use Only Below This Line

Date Application Received _____ Date Dues Received _____

Secretary's Signature _____

Date of Board of Directors Review _____

Date of Meeting Attended _____

Date Accepted by General Membership _____