

# WEIMARANER ASSOCIATION OF CANADA

## MEMBERSHIP APPLICATION

Name:

Family Membership: (Please give full name of the adult family members seeking approval)

Address:

Email:

The Greyghost (WAC official publication) notifications are sent electronically.

Telephone:

Home:

Work (optional):

Fax (optional):

Kennel Name (if applicable):

CKC Membership # (if applicable):

Tattoo/Microchip (if applicable):

Registered Names of Dogs:

PLEASE CHECK THE FOLLOWING AREAS OF INTEREST:

Agility	yes/no	Conformation	yes/no	Field	yes/no	Obedience	yes/no	Tracking	yes/no
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I/We hereby agree to adhere to the [Constitution of the Weimaraner Association of Canada](#) and the [Code of Ethics of the Weimaraner Association of Canada](#) provided to me/us along with this application form.

Name of Sponsoring Member:

Signature of Applicant (over 18 years)

Signature of Applicant (over 18 years)

Date of Application

Family Membership - \$25 ( )

Single Membership - \$18 ( )

Please send this application with a cheque payable to the Weimaraner Association of Canada  
or

Submit the application electronically to: [membership @ weimaranercanada.org](mailto:membership@weimaranercanada.org)  
and use the webpage payment option

**Shelly Shorrock**

**3456 Grant's Side Road**

**Kinburn, Ontario K0A 2H0**

**info: (613) 832 9181; [membership @ weimaranercanada.org](mailto:membership@weimaranercanada.org)**

