

**WEIMARANER ASSOCIATION OF CANADA
MEMBERSHIP APPLICATION**

NAME: _____

NAME: _____

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

ADDRESS: _____

Postal Code: _____

TELEPHONE: Home: _____ Work: _____

Fax: _____

email: _____

NAMES OF CHILDREN UNDER 18:

YOUR REGISTERED KENNEL NAME (if applicable): _____

YOUR CKC MEMBERSHIP NUMBER(S) (if applicable): _____

YOUR TATTOO COMBINATION (if applicable): _____

REGISTERED NAMES OF DOGS: _____

Family Membership - \$25 ()

Single Membership - \$18 ()

PLEASE CHECK THE FOLLOWING AREAS OF INTEREST:

AGILITY () CONFORMATION () FIELD () OBEDIENCE () TRACKING ()

NAME OF SPONSORING MEMBER: _____

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.

DATED at _____ **this** _____ **day of**
_____ / _____

application.txt
(Month) (year) (Town) (day)

Signature of each adult seeking membership

Signature of each adult seeking membership

PLEASE SEND THIS APPLICATION ALONG WITH CHEQUE PAYABLE TO THE WEIMARANER ASSOCIATION OF CANADA TO:

**Wendy M. McKay,
4883 Torbolton Ridge Road, R.R.2,
Woodlawn, Ontario K0A 3M0
(613) 832 3223
(613)832-4577 fax
Email: membership at weimaranercanada.org**