



**DELAWARE VALLEY WEIMARANER CLUB**  
**New Membership Application**

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Dues:

REGULAR SINGLE MEMBERSHIP: \$25 (Add \$10.00 for second member at the same address).

SENIOR MEMBERSHIP: \$15 (Age 62 and over)

JUNIOR MEMBERSHIP: \$5 if parents are not members, free if parents are members. \*\*\*This is a non-voting membership restricted to those less than 18 years of age. Please include junior member's date of births.

Make your check payable to the DVWC and send it with to:

Delaware Valley Weimaraner Club  
Sue Baker  
12 Schoolhill Dr.  
Doylestown, PA 18901

**Please Complete the Following:**

New Member (y/n): \_\_\_\_\_ Signature of DVWC member sponsor (required): \_\_\_\_\_

Prior Member: (y/n) \_\_\_\_\_ If yes, last year of prior membership (year): \_\_\_\_\_

Reason for lapse in membership: \_\_\_\_\_

How many Weimaraners do you own? \_\_\_\_\_ Where did you get the dog(s): \_\_\_\_\_

Your interests? Check all that apply:

Show \_\_\_\_\_ Ratings: \_\_\_\_\_ Field Trial: \_\_\_\_\_ Tracking: \_\_\_\_\_ Rally: \_\_\_\_\_ Agility: \_\_\_\_\_

CGC Certification: \_\_\_\_\_ Obedience: \_\_\_\_\_ Rescue: \_\_\_\_\_ TDI: \_\_\_\_\_ Other: \_\_\_\_\_

Would you like to volunteer for club activities? (y/n) \_\_\_\_\_

If so, what would you like to help with/skills/abilities to share with the club?

\_\_\_\_\_

How I learned about DVWC? \_\_\_\_\_

Why I wish to be considered for membership? \_\_\_\_\_

By applying for membership, I agree that I have fully read, understood and will abide by the constitution and by-laws of the Delaware Valley Weimaraner Club and the Rules of the American Kennel Club.

Signature: \_\_\_\_\_