



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).

FAMILY MEMBERSHIP: \$35 (children less than 18 years of age free)

SENIOR MEMBERSHIP: \$12 (Age 60 and over)

JUNIOR MEMBERSHIP: \$2 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
26 Woodstone 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 include?: (Check any that apply)

Show _____ Ratings: _____ Field Trial: _____ Tracking: _____

CGC Certification: _____ Obedience: _____ Rally: _____ Agility: _____

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: _____