

NORTHERN CALIFORNIA WHIPPET FANCIERS ASSOCIATION, INC.

MEMBERSHIP APPLICATION

NAME _____
ADDRESS _____
TELEPHONE (HM) _____ (WK) _____
FAX _____ E-MAIL _____
KENNEL NAME (OPTIONAL) _____
HOW MANY WHIPPETS DO YOU HAVE? _____
WHO DID YOU GET THEM FROM? _____

ACTIVITIES YOU LIKE TO DO WITH YOUR WHIPPET OR WOULD LIKE TO LEARN MORE ABOUT.

(PLEASE CHECK AS MANY AS APPLY)

CONFORMATION TRACKING
 STRAIGHT RACING FLYBALL OTHER _____
 LURE COURSING PET THERAPY
 AGILITY OVAL TRACK RACING
 OBEDIENCE RESCUE

CLASSES OF MEMBERSHIP

Note: All new applicants must apply at the Associate level. After one year of Associate membership, application for full Individual membership may be made.

ACTIVE (Over 18 years of age, eligible to hold office and vote, SPEED subscription included) DUES \$20 p/y–
Please Note: DUAL membership (Two adults in same household, eligible to hold office & vote, one
SPEED subscription per household, DUES 40.00 p/y)

ASSOCIATE (Age unrestricted, not eligible to hold office and vote, SPEED subscription included) DUES
\$15.00 ply

THE FOLLOWING SECTION IS TO BE COMPLETED BY ALL APPLICANTS BEFORE THEY ARE TO BE CONSIDERED FOR MEMBERSHIP:

SPONSOR #1 _____ SIGNATURE _____
SPONSOR #2 _____ SIGNATURE _____

DATES OF MEETINGS ATTENDED _____ & _____

ALL ACTIVE APPLICANTS MUST COMPLETE THE SECTION BELOW BEFORE THEY ARE TO BE CONSIDERED FOR MEMBERSHIP:

EVENTS PARTICIPATED IN & DATES _____

ALL APPLICANTS MUST READ THE FOLLOWING AND SIGN BELOW:

“I agree to abide by the Constitution & by-laws of the NCWFA . Furthermore, I agree to hold this club, its members, directors, officers, agents, superintendents or employees harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of a dog or member. Furthermore I agree to hold the aforementioned parties harmless due to negligence of the club or any of the parties aforementioned, or any other person, cause or causes.

“I agree to the above” X _____

For club use only: _____ date of presentation _____ voted on approved Y / N _____ dues paid

Please return to: Guin Borstel, NCWFA Membership Chairperson
4745 25th Street, San Francisco, CA 94114, 415-826-8853 milescross@aol.com