

Newfoundland Club of Seattle, Inc. Application for Membership

Full Name(s): _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: (Day) _____ (Evening) _____ (other) _____
Email: _____ homepage: _____
Type of Membership Desired: Associate _____ (\$25) Full _____ (\$30) Family _____ (\$40)

Newfoundland(s) you own: (Please list additional dogs on reverse)

Name: _____ Sex: _____ Date of Birth: _____
Breeder: _____ Rescue Organization: _____
Name: _____ Sex: _____ Date of Birth: _____
Breeder: _____ Rescue Organization: _____

I (We) are member(s) of the following dog clubs: _____

I (We) would like to join the Newfoundland Club of Seattle for the following reasons: _____

and hope to contribute toward the promotion of club activities by: _____

How did you find out about the Newfoundland club of Seattle? _____

I (We) have attended the following NCS functions/meetings: (list event and date)

1) _____ 2) _____

I (We) would be interested in the following activities:

Newf Rescue Obedience Club Publicity Education/Research
 Newsletter Conformation Fund Raising Other: _____
 Health Care Carting Hospitality Other: _____
 Breeding Water Events Fun Matches Other: _____

I (We) hereby apply for membership in the Newfoundland Club of Seattle, Inc. A deposit to cover dues for the first year of membership is included. (After August 1st, but before November 1st, one-half of the regular membership fees are required for the remainder of the year; after November 1st, the deposit will be applied to the following year.) I understand that the deposit will be refunded if, for any reason, I am not accepted into membership. I further understand that I must attend two club functions or meetings (one club function or meeting for associate membership) before my application is published in the club's newsletter for membership approval.

I (We) agree to abide by the Constitution and By-Laws of the Newfoundland Club of Seattle and the rules of the American Kennel Club.

Signature(s) of Applicant(s) : _____ Date: _____

_____ Date: _____

Signatures of Sponsors: _____ Date: _____

(2 NCS Members) _____ Date: _____

Date Application Received: _____

Date deposit to Treasurer: _____

Dates of functions attended: _____

Date app. published in newsletter: _____

Date of acknowledgment letter: _____

Please Return this application
To NCS Membership Chair:
Jo Nussle
1029 S 299th Pl
Federal Way WA 98003