

COLLIE CLUB OF WASHINGTON

APPLICATION FOR MEMBERSHIP



I hereby make an application for membership in the Collie Club of Washington. I agree to promote the best interest of Collies to the best of my ability. I understand that dues are due and payable on or before the first day of October of each year (October 1st). For a period of less than six (6) months, dues shall be half the annual rate.

Enclose dues: Single \$15.00: ___ Family \$25.00 ___ Junior (Age 9-17) \$5.00: ___ Associate \$7.50: ___

*Please make check payable to **CCofW** and enclose with application*

Please Print: _____ ***Date:*** _____

First Name: _____ Last Name: _____

Address: _____ Email Address: _____

_____ Phone/Cell: _____

Occupation: _____

of Years in Collies: _____ # of Collies currently owned: _____

Kennel Name: _____ Average Annual # of Collie Litters: _____

Do you show or breed other breeds of dogs? _____

Please list any other breed/specialty clubs in which you hold memberships: (use reverse side if needed):

Any canine performance participation? (ie. Herding, Rally, Therapy, etc.): _____

I would like to assist the Club in: Conformation __, AKC Specialties __, Puppy Matches __, Fun Match __, Host Meetings __, Performance activities __, Trophy __, Raffle __, Community Outreach __,

I have an interest or skill to do _____

New Applicant Sponsored by: _____

Date of First Reading _____ Approved/Disapproved _____

Send Application to: troxell.sarah@gmail.com OR S. Troxell 6700 NE 182nd St Apt B305 Kenmore, WA 98028