



Membership Application

NAME: _____ OCCUPATION: _____

ADDRESS: _____ CITY/STATE/ZIP _____

TELEPHONE: _____ EMAIL: _____

DO YOU OWN A COLLIE? _____ HOW MANY? _____ DO YOU BREED? _____

HOW MANY LITTERS DO YOU BREED PER YEAR? _____

OTHER BREEDS CURRENTLY OWNED: _____ HOW MANY? _____

HAVE YOUR AKC PRIVILEGES EVER BEEN SUSPENDED? _____ ARE YOU A MEMBER OF THE COLLIE CLUB OF AMERICA? _____

ARE YOU A MEMBER OF ANY OTHER SPECIALTY, ALL BREED OR PERFORMANCE CLUBS? _____ IF SO, PLEASE LIST: _____

WHY DO YOU WANT TO JOIN CCWP? _____

IN WHAT WAY CAN YOU HELP CCWP? _____

TYPING,	ARTWORK	TROPHY COMMITTEE	EVENTS COMMITTEE	MEMBERSHIP
STEWARDSHIP	PHOTOGRAPHY	NEWSLETTER	SHOW HOSPITALITY	

ARE YOU INTERESTED IN ANY OF THE FOLLOWING: BREEDING _____ SHOWING _____ PERFORMANCE EVENTS _____

Endorsed by:

1. _____ 2. _____

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE COLLIE CLUB OF WESTERN PA. IT IS UNDERSTOOD THAT DUES ARE \$25.00 FOR A SINGLE MEMBERSHIP AND \$40.00 FOR A DOUBLE (SAME HOUSEHOLD) MEMBERSHIP. I AGREE TO ABIDE BY THE CONSTITUTION AN CODE OF ETHICS OF THE COLLIE CLUB OF WESTERN PA AND THE RULES OF THE AMERICAN KENNEL CLUB.

SIGNATURE OF APPLICANT: _____ DATE _____

PAYMENT MUST BE SUBMITTED WITH THE APPLICATION AND THE APPLICATION MUST BE SIGNED BY TWO MEMBERS OF THE CLUB. CHECKS SHOULD BE MADE PAYABLE TO CCWP. APPLICATIONS CAN BE MAILED TO RENEE WALLACE, 11099 MALLARD LANE, NORTH HUNTINGDON, PA 15642. TELEPHONE:412-999-1696 OR EMAIL RWALLACE@CATALYSTRTW.COM WITH ANY QUESTIONS.