



## Application for Membership

Name(s) \_\_\_\_\_ Address \_\_\_\_\_  
Street City, State Zip Code

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Occupation(s) \_\_\_\_\_ Do you own a Great Pyrenees? \_\_\_\_\_ If more than one, how many?  
Male \_\_\_\_\_ Female \_\_\_\_\_

Are you a Breeder? \_\_\_\_\_ If yes, Approximately how many litters do you have per year? \_\_\_\_\_ Do you plan to show your dog(s)? \_\_\_\_\_  
Please indicate the name(s) of any dog Club(s) or Organization(s) of which you are or have been a member? \_\_\_\_\_

What are your interests in Great Pyrenees? \_\_\_\_\_

Where did you obtain your Great Pyrenees? \_\_\_\_\_

Please acquire the signatures and addresses of two current HOGPC members who sponsor your membership:

1. \_\_\_\_\_  
Address

2. \_\_\_\_\_  
Address

I will adhere to the rules of the **HOGPC** and the **American Kennel Club**. I am not under suspension by the **American Kennel Club**  
And if I become so, I will promptly notify the **HOGPC Secretary**. I agree to abide by the **HOGPC Code of Ethics**.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Send the application form and \$20.00 for Family Membership, \$10.00 for Single Membership to the Secretary at the address listed below. Make all checks payable to: Heart of Ohio Great Pyrenees Club. All applications are to be filed with the Secretary and each application is to be read at the first meeting of the club following its receipt. The application will be voted upon once the applicant has attended one meeting.

Mrs. Sally R. Falatach  
517 Bassett Rd.  
Bay Village, Ohio 44140  
216-789-6102 [mfalatach@hotmail.com](mailto:mfalatach@hotmail.com)

Date application read: \_\_\_\_\_ Date meeting attended: \_\_\_\_\_ Date voted: \_\_\_\_\_ Amount Paid: \_\_\_\_\_