



IRISH WOLFHOUND ASSOCIATION OF NEW ENGLAND

Application for Associate or Junior Membership

Please complete **all items** before returning this form to the Club Secretary.

You MUST have a current IWANE member in good standing sponsor you and sign your application.

Please indicate which type of membership you are applying for. Note: There are no family memberships available; couples must complete separate applications.

The membership year runs January 1st through December 31st. IWANE Newsletter subscription is optional and is not included in dues. Members are expected to attend meetings and participate in the club.

As a member of IWANE, I agree to abide by the Constitution and Bylaws of the Club, the IWCA Code of Ethical Conduct and Standard of Behavior for Breeders, and the rules and regulations of the American Kennel Club. These are available on the www.IWANE.org website or contact the club secretary.

I wish to apply for the following type of membership.

_____ Associate Membership: Open to persons over the age of 18 years who subscribe to the purposes of the Club. Applicants must be in good standing with the American Kennel Club. All new applicants shall apply to become Associate members; after two years as Associate members such members may apply for Regular membership. Associate members shall enjoy all the privileges of Regular Membership and invitations to all Club events, but are not eligible to vote on any matter, to serve on the Nominating Committee, to nominate candidates for office, or to hold office. (yearly dues are \$10.00).

_____ Junior Membership: Open to persons up to the age of 18 years who subscribe to the purposes of the Club. At the age of eighteen, Juniors may apply for Associate membership. Junior members shall enjoy all the privileges of Regular Membership and invitations to all Club events, but are not eligible to vote on any matter, to serve on the Nominating Committee, to nominate candidates for office, or to hold office. (yearly dues are \$5.00)

Personal Information:

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Email _____

Profession _____

Business Address _____

City _____ State _____ Zip _____

Business Telephone _____

:

Do you currently own an IW or IWs? If so, please list their name(s), age, sex and breeder

Breed-related information:

Primary Sponsor (must be an IWANE Member) _____

Other references (if not IWANE members, explain) _____

Are you a member in good standing of the Irish Wolfhound Club of America, Inc.? _____ If so, are you:

Regular _____ Associate _____ If not a member, do you intend to apply? _____

List other club memberships and dog-related activities: _____

Why do you wish to join IWANE? _____

Activities/Areas of club participation you are most interested in (example – breed education, showing, obedience, coursing, rescue, etc): _____

Signatures (REQUIRED):

Sponsor: _____ Date: _____

Applicant: _____ Date: _____

Please return your signed application to the Club Secretary at the address listed below. Your application will be reviewed and voted upon at the next scheduled Board Meeting of the Club officers.

DO NOT INCLUDE DUES PAYMENT WITH YOUR APPLICATION. You will be invoiced for your dues upon notification of your acceptance.

Return completed form to:

IWANE
Colleen M. Brown
9 Main Street
Swansea, MA 02777