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IRISH WOLFHOUND CLUB OF PUGET SOUND<http://www.iwcps.org/> |
| Applicant Information |
| Name:  |
| Cell Phone: | Email: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Spouse/partner  |
| Name: |
| Phone: | E-mail: | Cell Phone: |
| Tell us about yourself and why you want to become a member of the iwcps? |
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| Membership Fees |
| INDIVIDUAL | $25.00 |
| COUPLE | $30.00 |
| TROPHY DONATION/DONATION | $ |
| Total | $ |
| Please have two current members of the iwcps recommend you for membership as follows: |
| Member Name: | E-mail: | Phone |
| Comments About Applicants Candidacy for Membership:  |
| Member’s Signature/Electronic Signature:  |
| Member Name:  | E-mail: | Phone |
| Comments About Applicants Candidacy for Membership:  |
| Member’s Signature/Electronic Signature: |
| Special Talents – wOLFHOUNDS**What special interests or talents can you share with the club? How many wolfhounds do you own?** |
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| Signatures |
| Signature of applicant: | Date: |
| Signature of Spouse/Partner(Only if Duel Membership) | Date: |
| Payment Information/completed application: Please send your check made out to the IWCPS along with your completed application to:**Email Inquiries: mary\_a\_horton@msn.com Payments – Mary A. Horton, 2106 Bethel St NE, Olympia, WA  98506**                     |