

**BLOODHOUNDS WEST, Inc.
NORTHERN CHAPTER**

APPLICATION FOR MEMBERSHIP

Date of application _____

TYPE OF MEMBERSHIP APPLIED FOR

INDIVIDUAL - \$35.00 - ONE INDIVIDUAL PER APPLICATION

FAMILY - - \$35.00 - ONE FAMILY PER APPLICATION

JUNIOR - [UNDER 18 YRS] - \$15.00 - ONE JUNIOR PER APPLICATION

TOTAL ENCLOSED _____

Make checks Payable to: Bloodhounds West Inc. NC

APPLICANT INFORMATION

NAME (S) _____

ADDRESS _____

STATE _____ ZIP _____

TELEPHONE: WORK _____ HOME _____

CELL _____

KNOWN AND SPONSORED BY: _____

Member's Printed Name

MEMBER'S SIGNATURE _____ DATE _____

Personal Information:

I / We have owned Bloodhounds for _____ years

I / We presently own _____ Bloodhound (# Dogs _____ (# Bitches _____)

I / We presently owned # _____ other breeds (Please list on reverse side)

I / We are interested in: Showing __ Obedience work __ Trailing _____ Pet _____

Hobbies: _____

Return to:

Mr. Myron Robb, Treasurer Bloodhounds West, Inc., 19524 Ponderosa Drive, Pioneer, CA. 95666-9367
209-295-8420, [pinelollow\(a\)volcano.net](mailto:pinelollow(a)volcano.net)

THIS APPLICATION SHALL BE ACTED UPON BY A 2/3 MAJORITY VOTE OF THE BOARD OF
BLOODHOUNDS WEST, Inc. NORTHERN CHAPTER