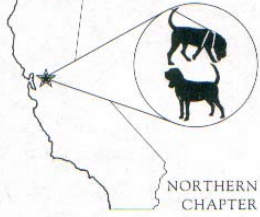


**BLOODHOUNDS
WEST**



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 _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: WORK _____ HOME _____

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 _____ Bloodhounds (# _____ Dogs # _____ Bitches)

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

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

Occupation: _____

Hobbies: _____

Return to:

Ms. Judy Robb, Treasurer Bloodhounds West, Inc., 19524 Ponderosa Drive, Pioneer, CA. 95666-9367
209-295-8420, pinehollow@volcano.net

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