

Associate _____ Single _____ Family _____ Regular _____

GERMAN SHEPHERD DOG CLUB OF WISCONSIN, INC.
APPLICATION FORM

- * An Applicant must be eighteen (18) years of age.
- * Each Applicant must complete an application form, family members will be combined
- * All dogs must be A.K.C. Registered GSD or have a P.A.L. Number
- * All dogs must have shots for: Distemper, Hepatitis, Leptospirosis, Para-influenza, Parvo, Rabies and Bordetella.

**** Upon application for Membership to GSDCW, Membership and Training Dues will be prorated to October 1st of the current year, thereafter become due annually on October 1st.

* Dues must accompany this application for consideration: Single \$78.00 / Family \$98.00
\$ _____ or single membership, or \$ _____ for family membership

* **One time \$10.00 initiation fee per person. *All fees is payable in advance.**

* Training dues \$50.00 for (6) months (Due: October 1st & April 1st); thereafter \$100.00 per year.

* How did you hear about the GSDC of WI? _____

* Are you willing to volunteer at club events? _____

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If YOU HAVE ANY QUESTIONS OR NEED PRORATED DUES INFORMATION, PLEASE CALL

Membership Director: Paulette Gallatin at 414-321-2218. Mail Application to:

2853 S. 50th Street, Milwaukee, WI 53219-3318. Make checks payable to: G.S.D.C.W.

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Applicant's Name _____

Address, _____

City _____ State _____ Zip + four _____

Phone # _____ Cell _____

E-Mail Address _____

Registered Owner of Dog _____

Registered Name of Dog _____

Call Name of Dog _____ A.K.C./P.A.L. # _____

Date of Birth _____ Sex _____

Sire _____ A.K.C. # _____

Dam _____ A.K.C # _____

I agree to abide by the rules and regulations of the GSDC of Wisconsin, Inc.

Signed _____

Received \$ _____ Date _____ Date Approved _____
