

Associate \_\_\_\_\_ Single \_\_\_\_\_ Family \_\_\_\_\_ Regular \_\_\_\_\_

# GERMAN SHEPHERD DOG CLUB OF WISCONSIN, INC. ***APPLICATION BLANK***

- \* An Applicant must be eighteen (18) years of age.
- \* Each Applicant must complete an application blank
- \* All dogs must be an 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.
- \* Annual Dues: \$ \_\_\_\_\_ for single membership \$ \_\_\_\_\_ for family membership,
- \* \$10.00 initiation fee per person. \*This fee is payable in advance.
- \* Training dues \$50.00 for the first six (6) months. Thereafter \$100.00 per year.
- \* Dues are collected every six (6) months.
- \* Annual dues must accompany this application for consideration. Dues will be returned in case the application is rejected.
- \* How did you hear about the GSDC of WI? \_\_\_\_\_
- \* Are you willing to volunteer at club events? \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL: Jack Zimdars at 262-392-2897**  
**Make checks payable to: G.S.D.C.W. Mail to: S42 W33654 Deer Park Drive,**  
**Dousman, WI 53118**

Applicant's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip + four \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell \_\_\_\_\_  
 # \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Registered Owner of Dog \_\_\_\_\_  
 Registered Name of Dog \_\_\_\_\_  
 Call Name of Dog \_\_\_\_\_  
 Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ A.K.C./P.A.L. # \_\_\_\_\_  
 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 \$ \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_  
 Approved \_\_\_\_\_ Date \_\_\_\_\_