As	ssociate	Single	Family	_ Regular				
GERMAN SHEPHERD DOG CLUB OF WISCONSIN, INC. <u>APPLICATION FORM</u>								
* An Applicant must be eighteen (18) years of age. * All dogs must be A.K.C. or P.A.L. Registered GSD								
* Each Applicant must complete an application form, family members will be combined								
* All dogs must have shots for: Distemper, Hepatitis, Leptospirosis, Para-influenza, Parvo, Rabies								
and Doudetalle, ALL NEW MEMBERS STARTING THE SWEEK RECONNER OF ASS								

* All dogs must and Bordetella. ALL NEW MEMBERS STARTING THE 8-WEEK BEGINNER CLASS, MUST PROVIDE THE ABOVE SHOT RECORDS FOR THEIR DOG.

**** Upon application for Membership to GSDCW, Membership and Training Dues will be prorated

to October 1st of the current year, thereafter become due annually in October								
<u>*1</u>	Dues must accompany this application for c	onsideration						
\$ 78.00	single membership, or \$98.00	family membership						
One-time \$10.00 initiation	n fee per person. * <u>All fees are payable in advan</u>	<u>ce</u> .						
Training dues are \$50.00) for (6) months or \$100.00 per year (Due April	1 st or October 1st)						
How did vou hear abou	t the GSDC of WI?							

* Are you willing to Volunteer / Work at club events?_____ Check the box for Committee(s) of Interest

Conformation Shows	Match Committee	atch Committee Equipment Maintenance		Kitchen Event Prep
Obedience Trials Committee	Achievement Trial	Advertising Committee		and/or Help Committee
Rally Trials Committee	Building Maintenance		PR / Media / Demonstrations	Committee for
Agility Trial Committee	Grounds Maintenance		Other	Temper-ament Test,
				CGC, TKN

If YOU HAVE ANY QUESTIONS OR NEED PRORATED DUES INFORMATION, PLEASE CALL Membership Director: Paulette Gallatin at 414-514-3907. Mail Application to: 2853 S. 50th Street. Milwaukee. WI 53219-3318. Make checks pavable to: G.S.D.C.W.

Applicant's Name Address _____ _____City_____ State _____Zip + four _____Phone # ____ E-Mail Address _____Cell #____ Registered Owner of Dog _____ Registered Name of Dog ____ Call Name of Dog _____ _____A.K.C. / P.A.L. _____ Sex Age Date of Birth I agree to abide by the rules and regulations of the GSDC of Wisconsin, Inc. Signed

Received \$ ______ Date _____ Date _____