COLLIE CLUB OF WASHINGTON

APPLICATION FOR MEMBERSHIP



I hereby make an application for membership in the Collie Club of Washington. I agree to promote the best interest of Collies to the best of my ability. I understand that dues are due and payable on or before the first day of October of each year (October 1st). For a period of less than six (6) months, dues shall be half the annual rate.

Enclose dues:	Single \$30.00:	_ Family \$40.00 _	_ Junior (Age 9-17	') \$5.00: <u> </u>	Associate \$15.00:
	Please make c	heck payable to <u>CC</u>	C <u>ofW</u> and enclose v	vith applica	ition
Please Print:	Date:				
First Name: _		I	ast Name:		
Address: _	ss:Email Address:				
		F	Phone/Cell:		
Occupation: _					
# of Years in C	Collies:	# of Collies curre	ntly owned:		
Kennel Name: Average Annual # of Collie Litters:					
Do you show o	or breed other breed	ls of dogs?			
	_				verse side if needed):
Any canine pe	rformance participa	tion? (ie. Herding,	Rally, Therapy, etc		
I would like to	assist the Club in: st Meetings, F	Conformation,	AKC Specialties _		
I have an inter	rest or skill to do				
New Applican	t Sponsored by:				
Date of First R	teading	Approved/Disapp	roved		

Send Application to: troxell.sarah@gmail.com OR S. Troxell 22058 State Route 9 Mount Vernon, WA 98274