



4. Are you a member in good standing of the Irish Wolfhound Club of America, Inc.? Yes  No

If so, are you a: Regular  Associate  member.

If not a member, do you intend to apply? Yes  No

5. Primary Sponsor (must be an IWANE Regular Member in good standing)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email \_\_\_\_\_

6. Other reference(s) (if not IWANE member(s), please explain) (Use reverse side if needed Yes? \_\_\_\_)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email \_\_\_\_\_

6. Why do you want to join IWANE?

5. Please list any activities and other functions of the Club that you would be willing to participate/volunteer:

As a member of IWANE, I agree to abide by the Constitution and Bylaws of the Club, the IWCA Code of Ethical Conduct, the Standard of Behavior for Breeders, and the rules and regulations of the American Kennel Club.

**Please accept my Application for Associate/Junior Membership in the Irish Wolfhound Association of New England. I agree to support and abide by the principles and goals of the Club.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's Signature (REQUIRED)

1 Sponsor:(PRINT) \_\_\_\_\_ (SIGN) \_\_\_\_\_

Please return your signed application to the Club Correspondent Secretary at the address listed below. Your application will be reviewed and voted upon at the next scheduled Board Meeting of the Club officers. A notification letter stating the results of the Board's review will be sent via email or U.S.Mail.

**DO NOT INCLUDE DUES PAYMENT WITH YOUR APPLICATION.**

An invoice for your dues will be included with the notification letter of your acceptance.

Return completed form to:

IWANE  
c/o Barbara Kinsella  
343 Moonlight Dr  
Ballston Spa NY 12020

BOD Date Reviewed:

Comments: