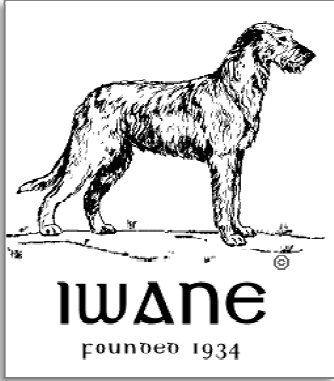


# IRISH WOLFHOUND ASSOCIATION OF NEW ENGLAND



## Application for Associate or Junior Membership

Please complete **all items** before returning this form to the Club Secretary.  
**Incomplete applications cannot be considered and shall be returned.**

The membership year runs January 1 through December 31.

Note: There are no family memberships available; each family member must complete a separate application.

I wish to apply for the following type of membership:

**Associate Membership** is open to persons 18 and over who agree with the purpose of IWANE, is in good standing with the American Kennel Club, and is sponsored by a Regular Club member in good standing. An Associate member shall enjoy all the privileges given Regular members in the Constitution and By-Laws, **except the right to vote on any matter, to serve on the Nominating Committee, to nominate candidates for office, or to hold office.**

**Junior Membership** is open to persons 17 years and younger who agree with the purpose of IWANE. Junior members shall enjoy all the privileges of Regular Membership and invitations to all Club events, but are not eligible to vote on any matter, to serve on the Nominating Committee, to nominate candidates for office, or to hold office. After attaining the age of 18, a Junior member in good standing may apply for an Associate membership.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Email : \_\_\_\_\_ ( preferred method of communication)

Profession/Work: \_\_\_\_\_

Business/Works Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business/Work Telephone: \_\_\_\_\_

1. Do you currently own an Irish Wolfhound(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please list the names, ages, sex and the breeder(s):

2. Have you attended any IWANE meetings and/or events? Yes \_\_\_\_\_ No \_\_\_\_\_ Is yes, which ones?

3. Please list any membership in other IW clubs and/or All-Breed Kennel Club's plus any office(s) you may currently hold or have held:

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 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 Joni Light  
222 Brookfield Rd.  
Fiskdale, MA 01518

or via email to:  
**jonilight1215@gmail.com**

BOD Date Reviewed:

Comments: