

Application for Membership in the Connecticut Valley Vizsla Club, Inc.

Applicant:				
Spouce/Partner (if applicable	e):			
Address:				
City/Town:		State:	Zip	Code:
Email:		Website:		
Phone: Home	Business	Cell	F	-ax
Type of Membership: Single	e (\$25.00)	Family (\$30.00)	_	
I/we now own Vizs	slas. # Males	# Females _		
If not now, I/we have owned	: Breed(s)		_ #Males	# Females
I/we am/were member(s) in	the following anima	al clubs:		
My/our interests are: Show _ Obedience Tracking Re Other I/we am/are willing to serve Health Obedience Hun	escue Breeding _ on these CVVC cor	Hunting Therap	y Members Field Trial	ship
I/we hereby aply for members that I/we have read the CVVC abide by such as well as the F	Code of Ethics, Cor	nstitution and Bylaws,	and if approve	
Signature of Applicant	Date	Signature of S	pouse/Partner	Date
I/we, member(s) of CVVC, Inc that the applicant(s) will abide and Regulations of the Americ	by the CVVC Code			
Signature of Sponsor 1	Date	Signature of S	ponsor 2	Date
Print	<u></u>	Print		

PLEASE RETURN THE COMPLETED APPLICATION AND A CHECK PAYABLE TO CVVC, INC. TO DEBBIE LOOMIS, MEMBERSHIP CHAIRMAN, 235 AMES ROAD, HAMPDEN, MA 01036. If you have any questions, email windyhollow@charter.net or call (413) 566-5733.