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| |  | | --- | |  |  IRISH WOLFHOUND CLUB OF PUGET SOUND<http://www.iwcps.org/> | | | |
| Applicant Information | | | |
| Name: | | | |
| Cell Phone: | Email: | | Phone: |
| Current address: | | | |
| City: | State: | | ZIP Code: |
| Spouse/partner | | | |
| Name: | | | |
| Phone: | E-mail: | | Cell Phone: |
| Tell us about yourself and why you want to become a member of the iwcps? | | | |
|  | | | |
| Membership Fees | | | |
| INDIVIDUAL | | $25.00 | |
| COUPLE | | $30.00 | |
| TROPHY DONATION/DONATION | | $ | |
| Total | | $ | |
| Please have two current members of the iwcps recommend you for membership as follows: | | | |
| Member Name: | E-mail: | | Phone |
| Comments About Applicants Candidacy for Membership: | | | |
| Member’s Signature/Electronic Signature: | | | |
| Member Name: | E-mail: | | Phone |
| Comments About Applicants Candidacy for Membership: | | | |
| Member’s Signature/Electronic Signature: | | | |
| Special Talents – wOLFHOUNDS **What special interests or talents can you share with the club? How many wolfhounds do you own?** | | | |
|  | | | |
| Signatures | | | |
| Signature of applicant: | | | Date: |
| Signature of Spouse/Partner(Only if Duel Membership) | | | Date: |
| Payment Information/completed application: Please send your check made out to the IWCPS along with your completed application to: **Email Inquiries: mary\_a\_horton@msn.com  Payments – Mary A. Horton, 2106 Bethel St NE, Olympia, WA  98506** | | | |