



ROCKY MOUNTAIN IRISH WOLFHOUND ASSOCIATION
501 (c) 3 organization

NAME(S) _____ E-mail Address(es): _____
STREET _____ CITY _____ STATE _____ ZIP _____
PHONE (Home) _____ (Work) _____ [] Do not publish phone(s) or e-mail
OCCUPATION(S)* _____

* Occupation has no influence on acceptance by the RMIWA.

HOW DO YOU WISH TO RECEIVE THE CLUB NEWSLETTER? (pick one only):
Via RMIWA Yahoo Group _____ E-mailed directly to you _____ Paper copy mailed by post _____

NUMBER OF IRISH WOLFHOUSES CURRENTLY OWNED: _____ Please list your IWs on the back of this form.
HOW LONG ASSOCIATED WITH THE BREED AND REASON FOR CHOICE? _____

IF INTERESTED IN BREEDING WHAT WOULD BE YOUR GOALS? _____

WHAT WOULD YOU DO IF YOU WERE UNABLE TO FIND A MARKET FOR YOUR PUPPIES? _____

WHAT WOULD YOU DO IF ONE OR MORE OF THE PUPPIES HAD A SERIOUS DEFECT? _____

WOULD YOU SELL PUPPIES TO A PET STORE OR DEALER FOR RESALE? _____

WOULD YOU BE WILLING TO ACCEPT A HOMELESS I.W.? Yes No (If Yes, a rescue questionnaire will be mailed to you)

PLEASE CHECK APPROPRIATE BOXES: CONFORMATION OBEDIENCE/RALLY LURE COURSING
Have competed or currently competing _____
Would like to compete _____

ARE YOU A MEMBER OF THE IRISH WOLFHOUND CLUB OF AMERICA? YES NO (circle one)
PLEASE LIST ANY OTHER DOG CLUBS YOU ARE A MEMBER OF AND OFFICES HELD IF ANY:

DUES & OPTIONAL RESCUE DONATION:

- \$15.00 ___ Associate (Non-Voting) **Associate Membership:** Open to one or two persons eighteen years of age and older who may not vote nor count in the determination of a quorum, pay a reduced rate of dues and are not eligible to hold office.
- \$20.00 ___ Single (Voting) **Active Single Membership:** Open to one person eighteen years of age and older who shall have a single vote at all Association meetings and be eligible to hold office
- \$25.00 ___ Family (Voting) **Active Family Membership:** Open to two persons eighteen years of age and older who shall have a single vote per individual in this unit at all Association meetings and be eligible to hold office.

Because we must have a quorum at meetings for voting, please select Associate Member(s) if you cannot attend three or more meetings during the year. VOTING MAY ONLY BE DONE IN PERSON AT MEETINGS.

\$_____Rescue Donation (optional) If you are also including a donation to the RMIWA Rescue Fund please note the amount.
PLEASE ENCLOSE APPROPRIATE DUES WITH YOUR APPLICATION. MAKE CHECK PAYABLE TO RMIWA.

I(we), the applicant(s), do hereby agree to abide by the Constitution, By-Laws and Code of Ethics of the RMIWA and the rules and regulations of the American Kennel Club. I(we) am(are) in good standing with the American Kennel Club and the Irish Wolfhound Club of America.

SIGNATURE(S) _____ DATE _____

(second signature required only if family is joining) DATE _____

SPONSORED BY RMIWA MEMBERS: 1) _____ DATE _____
(two sponsors required)
2) _____ DATE _____

Return application and check made out to RMIWA to Connie Smalley PO Box 287, Walsenburg 81089 719-738-1958

PLEASE LIST THE **IRISH WOLFHOUSES** YOU CURRENTLY OWN:

REG. NAME _____ SEX _____ BORN _____ REG. # _____
SIRE _____ DAM _____
BREEDER _____ ADDRESS _____

REG. NAME _____ SEX _____ BORN _____ REG. # _____
SIRE _____ DAM _____
BREEDER _____ ADDRESS _____

REG. NAME _____ SEX _____ BORN _____ REG. # _____
SIRE _____ DAM _____
BREEDER _____ ADDRESS _____

REG. NAME _____ SEX _____ BORN _____ REG. # _____
SIRE _____ DAM _____
BREEDER _____ ADDRESS _____

REG. NAME _____ SEX _____ BORN _____ REG. # _____
SIRE _____ DAM _____
BREEDER _____ ADDRESS _____

PLEASE LIST DOGS OF **OTHER BREEDS** THAT YOU CURRENTLY OWN:

NAME _____ SEX _____
BREED _____

NAME _____ SEX _____
BREED _____

NAME _____ SEX _____
BREED _____