



ROCKY MOUNTAIN IRISH WOLFHOUND ASSOCIATION

NAME _____ PHONE# _____
 STREET _____ EMAIL ADDRESS: _____
 CITY _____ STATE _____ ZIP _____
 OCCUPATION(S)* _____ BUS PHONE# _____
 Note: Unlisted numbers & FAX numbers will not be published to membership. FAX # _____

NUMBER OF IRISH WOLFHOUNDS CURRENTLY OWNED: _____ Please list your IWs on the back of this form.

HOW LONG ASSOCIATED WITH THE BREED AND REASON FOR CHOICE _____

HAVE YOU BRED ANY LITTERS? _____ IF SO, HOW MANY? _____
 IF INTERESTED IN BREEDING WHAT ARE/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.? _____ CONDITIONS? _____

PLEASE CHECK APPROPRIATE BOXES:	CONFORMATION	OBEDIENCE	LURE COURSING
Have competed	_____	_____	_____
Currently competing	_____	_____	_____
Would like to compete	_____	_____	_____
Not interested	_____	_____	_____

ARE YOU A MEMBER OF THE IRISH WOLFHOUND CLUB OF AMERICA? _____ IF YES, Active OR Associate?
 (circle one please)

PLEASE LIST ANY OTHER DOG CLUBS YOU ARE A MEMBER OF AND OFFICES HELD IF ANY: _____

TYPE OF MEMBERSHIP DESIRED: Associate \$15.00 _____ Single \$20.00 _____ Family \$25.00 _____
 Please select **Associate** if you expect to miss three or more meetings during the year. See explanation on next page.

DO NOT ENCLOSE DUES CHECK WITH APPLICATION.

HAVE YOU RECEIVED AND READ THE CONSTITUTION, BY-LAWS, AND CODE OF ETHICS OF THE 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 _____
 _____ DATE _____

(second signature required only if family is joining)

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

* Occupation has no influence on acceptance by the RMIWA. Business phone will not be published to general membership.
 Return **application** to Michael Hussey, 36895 View Ridge Drive, Elizabeth, CO 80107 Ph: 303-646-4081

PLEASE LIST THE IRISH WOLFHOUNDS 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 _____

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

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

RMIWA has three types of membership:

1. **Active Single Membership.** Open to one person eighteen years of age and older who shall have all privileges of the Association including a single vote at all Association meetings and be eligible to hold office.
2. **Active Family Membership.** Open to two persons eighteen years of age and older who shall have all privileges of the Association including a single vote per individual in this unit at all Association meetings and be eligible to hold office.
3. **Associate Membership.** Open to one or two persons, by choice, who pay a reduced rate of dues, may not vote nor count in the determination of a quorum, and are not eligible to hold office. Associate members admitted after December 31, 1994, must submit a new application to attain Active Single or Active Family membership.

Because we must have a quorum at meetings for voting, we ask that you apply for **Associate Membership** if you expect to miss **three or more** meetings during the year.