

The Colorado Portuguese Water Dog Club 2024 MEMBERSHIP APPLICATION □ Renewal □ New application

Your application is pending until the membership has approved it – you will be notified once that has been done.

Member Name: Additional Household Member Name: Junior Member (18 years or younger): Address (home):			Phone (Hon	Phone (Work):Phone (Cell):		
			Phone (Wor			
			Phone (Cell			
			E-Mail:			
City	State	Zip	Occupation			
	Kennel nam	e used in your	breeding program	າ:		
NOTE: The COPWDC respec	ts your privacy. This in	formation will not	be shared or sold to a	other organizations	or businesses.	
CODE OF CONDUCT						
Membership is open to all persons good standing with these organizate Colorado Portuguese Water Dog Clunderstand that any omission or mof membership. I agree to abide but have read and understand the	tions when applying follub. I certify that the isstatement herein constitution, By above and agree to	or COPWDC med e information su an be grounds f ylaws, and polici abide by same	nbership. I/We her pplied in this applic or rejection of this es of COPWDC, and as indicated by my	reby apply for mer ation is complete application or imn the rules of the y signature below	mbership in the and correct; and I nediate termination AKC.	
Applicant Signature:			Date:			
(Individual, 1 st Family Member, or	Juniory					
Applicant Signature:			Date:			
(2 nd Family Member or Guardian)						
	Annual Me	embership Di	les			
Type of Membership: Individual – At least 18 years o Family – Includes 2 members a Junior – Must be between the o	f age t least 18 years of		Paid before 6/1/2024 \$40.00 \$65.00 Free Total	Paid after 6/1/2024 \$20.00 \$32.50 Free	Amount Paid \$ \$ \$ \$ \$	

PLEASE ALSO COMPLETE THIS PAGE FOR OUR RECORDS

Indicate your preference:						
 I would be interested in serving on the COPWDC board I would be interested in participating on one of COPWDC's Committees: □ Education □ Water Trial □ Supported Entry (conformation dog show) □ Annual Picnic □ Awards Banquet □ Membership □ Events □ Bylaws □ Communications □ Other: 						
I participate or can assist others in the followin ☐ Tracking ☐ Therapy ☐ Conformation ☐ Nose wo	_	Water Work □ Rally				
Number of PWDs living in your home						
AKC Name & #	Call nameCall nameCall nameCall nameCall nameCall name	Age Age Age Age				
Please list below any areas of expertise that would be help writing/newsletter, financial, event planning, hospitality, etc.:	-	ls, artistic/advertising,				
Submit this renewal application - <u>BOTH PAGES</u> along v <u>payable to: COPWDC</u> to:		c'd				
Fred Forman	Ch	eck #				
Membership Chair 16501 Las Brisas Drive		В				
Broomfield, CO 80023-8069		rectory				
www.copwdc.org		nounce listat list				