

The Colorado Portuguese Water Dog Club 2025 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:			Phone (Hom	ne):		
dditional Household Member Name:Phone (Work):						
Junior Member (18 years or	Phone (Cell): E-Mail:					
Address (home):						
City	State	Zip	Occupation			
	Kennel nan	ne used in your	breeding program	n:		
NOTE: The COPWDC res				=		
CODE OF CONDUCT						
greater enjoyment of our PWD: Membership is open to all perso good standing with these organi Colorado Portuguese Water Dog understand that any omission of membership. I agree to abid I have read and understand the Applicant Signature:	ns who subscribe to the zations when applying for Club. I certify that the misstatement herein can be the Constitution, But above and agree to	e purposes of the for COPWDC mente information such that the grounds for the grounds for the gylaws, and policities abide by same	e COPWDC. Membe mbership. I/We her upplied in this application of this es of COPWDC, and as indicated by my	ers of AKC and/or eby apply for mer ation is complete application or imn the rules of the signature below	PWDCA must be in nbership in the and correct; and I nediate termination AKC.	
(Individual, 1 st Family Member,	or Junior)					
Applicant Signature:			Date:			
	Annual M	embership Di	162			
Type of Membership: Individual – At least 18 year Family – Includes 2 members Junior – Must be between th	at least 18 years of	age	Paid before 6/1/2024 \$40.00 \$65.00 Free Total	Paid after 6/1/2024 \$20.00 \$32.50 Free	Amount	

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				