Date Received _____
Date Accepted _____

Dog Federation of Wisconsin, Inc.

Application for Associate Membership

1) Name: _____
Last First M.I.

2) Address: _____

City: _____ State: _____ Zip Code: _____

3) Telephone: (_____) _____ E-mail: _____

Will you allow email regarding DFOW business and meetings? YES _____ NO _____

4) Do you belong to any All-Breed, Specialty, or Obedience Clubs, or Humane or other dog organizations?

YES _____ NO _____ If YES, please explain: _____

_____

5) Are you an appointed delegate to the DOG FEDERATION OF WISCONSIN, INC., by any club?

YES _____ NO _____ If YES, which club(s)? _____

_____

6) Do you currently own a dog or dogs? YES _____ NO _____ If YES, which breed(s)?

_____

_____

7) Do you have any interests that could be helpful to the DOG FEDERATION OF WISCONSIN, INC.?

_____ Article Writing	_____ Lobbying	_____ Legal
_____ Education	_____ Printing	_____ Professional
_____ DFOW Newsletter	_____ Computer	_____ DFOW Booth
_____ Fundraising	_____ Research	_____ Public Speaking

Statement: I agree to abide by the Constitution and By-Laws of the DOG FEDERATION OF WISCONSIN, INC.

Signature: _____ Date: _____

This application must be submitted to the Board of Directors of the DOG FEDERATION OF WISCONSIN, INC. with individual dues of $15 for Non-voting Membership. This membership fee is due annually by January 1st. If you join in the last two months of a year, you will not be subject to the next year's dues.

Make check payable to **DFOW** and mail to: Wendy Biewer, Treasurer, W825 Froelich Road, Sullivan, WI 53178