

NEW GUINEA SINGING DOG CLUB OF AMERICA MEMBERSHIP APPLICATION

Applicant's Name		
Address		
		Zip
		Your Birth Month
Phone (preferred)	(other)	
Breed(s) of Dog(s)		
Previous Dog Club Affiliations		
TYPE OF MEMBERSHIP (check one)		
	privileges including the right to vote and hold office.	
·		All club privileges with up to 2 adult votes per membership
·		vote or hold office. Please include your dues payment with
this application.		, , ,
• •		
SPONSORING CLUB MEMBERS (NOT	APPLICABLE APRIL 15th-May 15th 2024)	
Sponsors act as mentors or facilitators fo	r prospective and new full members. We encourage you	ı to obtain sponsors prior to submitting your application,
but you may add them after submission	if necessary.	
1)	2)	
YOUR INTERESTS Activity Current, Past	& Future	
Conformation		Dog Breeder
Obedience (Basic Manners)		
Star Puppy / CGC / CGC-A		
Obedience (Competitive)		
obculence (competitive)		
Why do you want to become a member of	of the New Guinea Singing Dog Club of America?	
What skills or talents do you possess whi	ch would be an asset to NGSDCA? Please include any do	og-related certifications, judging licenses, etc.
NGSDCA activities or social events attend	led:	
NGSDCA meetings attended (please spec	ify if other than monthly general membership meeting)):
The information I have provided above is	accurate. If accepted as a member of the NGSDCA, I agr	ree to ahide by these bylaws and by the Rules and
Regulations of all National Dog Clubs.	accurates in accepted as a member of the mostern, rayi	the to ablac by these byland and by the hales and
Annlicant's Signature	Dat	·o