



DelMarVa Portuguese Water Dog Club

DelMarVa Portuguese Water Dog Club – Membership Application

Name: _____

Address _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

MEMBERSHIP DEFINITIONS

Family: Dues \$30.00 A family member is any number of people living in the same household who are 7 years of age or older. Family memberships receive two votes. Both voters must be at least 18 years of age and in good standing. A family must declare who will vote for the family in the beginning of the year. Family members who are at least 18 years of age are eligible to hold office.

Individual: Dues \$20.00 An Individual member is a person who is at least 18 years of age, eligible to hold office and may vote.

Associate: Dues \$15.00 An Individual member is a person who is at least 18 years of age and wants to keep informed of club activities but is not eligible to hold office and may not vote.

Junior: Dues \$5.00 A junior member is at least 7 yrs. of age and under 18 yrs. of age. A junior member may not vote or hold office

*Dues for membership on or after September 1st shall be considered dues paid for the following year**
Check areas of interest.

Please list on the back of application any areas of expertise that would be helpful to the club, i.e., computer skills, artistic, writing skills. Etc.

CODE OF CONDUCT

I will be kind and supportive of all fellow club members.

I will demonstrate standards of good conduct and principals of good sportsmanship.

I will be a responsible dog owner and provide a safe, healthy environment for all of my animals.

Only humane methods will be used when training, exhibiting or working my dogs.

I have read and understand the DelMarVa Code of Conduct and agree to abide by same as indicated by my

Signature below:

In signing this application, I hold harmless the DelMarVA PWD Club and its Board of Directors, members and the owners of the premises on which activities are held, from any claim for loss or injury which may be alleged to have been caused directly or indirectly to me or to my dog(s) while involved in any club activities. I personally assume all responsibility and liability, and I enter the several said premises, for whatever purpose, at my own risk. I certify that the information supplied in this application is complete and correct. I understand that any omission or misstatement herein can be grounds for rejection of this application or immediate termination of membership. If elected to membership, I agree to abide by the Constitution and Bylaws, the rules and regulations of the AKC and the DelMarVa PWD Club.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Mail to: Treasurer Mary Stevens 900 Chester River Drive, Grasonville, MD 21638