

Irish Wolfhound Association of the West Coast

APPLICATION FOR MEMBERSHIP

Which member class are you applying for?

_____ Individual: \$30.00

One voting member
Named Below

_____ Household: \$35.00

Two voting members
Both Named Below

_____ Associate \$25.00

Non-Voting member(s)
Publications only

(Voting Memberships require sponsors, see below)

Name(s) _____ Date _____

Home Address _____ City _____

State _____ Zip _____ *Kennel Name (if applicable) _____

Home Phone _____ Cell Phone 1 _____

Cell Phone 2 _____

Email 1 _____ Email 2 _____

(Email required if you approve electronic communication)

Why do you want to be a Member of IWAWC? _____

Associate applicants may stop here, sign form on reverse and submit with dues.

Individual and Household applications require two sponsors who are current IWAWC members in good standing. Complete the balance of the application.

Occupation and Business _____

Business Address _____ City _____

State _____ Zip _____ Phone _____ Fax _____

Email _____

Number of IWs owned _____ How long associated with breed? _____

Reason for choice of breed _____

Are any of your IWs AKC registered? Yes No

Have you owned IWs in the past? Yes No

Are you interested in:

Lure-coursing IWs? Yes No

Open-field coursing? Yes No

Showing in obedience? Yes No

Showing in conformation/rally? Yes No

Showing in other performance events? Yes No _____

What is your future interest in the breed? _____

Do you presently own any other breeds? Yes No

If yes, which breeds? _____

Describe past associations with other breed or all-breed dog clubs _____

- Applicants for **Individual** and **Household** memberships must obtain the comments and signatures of two sponsors before submitting application. Sponsors must be current Individual or Household members of IAWWC, in good standing, and must live in two different households.
- Sponsors: write your comments regarding the applicant(s) below and sign.

SPONSOR #1 (print name) _____

Do you personally know the applicant? Yes No

Comments: _____

Signature _____

SPONSOR #2 (print name) _____

Do you personally know the applicant? Yes No

Comments: _____

Signature _____

I (we), the applicant(s), do hereby agree to abide by the By-Laws and Code of Ethics of the IAWWC, and the rules and regulations of the American Kennel Club.

I (we) am in good standing with the American Kennel Club Yes No

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Submit the completed application form with your dues (Associate = \$25, Individual = \$30, Household = \$35) to:

IAWWC Membership, c/o Richard Jolly, 5052 Loyola Ave. Westminster, CA 92683.

Email: richardejolly@gmail.com

Please make checks payable to IAWWC

Your application will be forwarded to the Board. New *ASSOCIATE* members will be considered accepted 10 days after receipt of application and payment. *VOTING* member applications (Individual or Household) are reviewed at the next scheduled meeting of the Board of Directors. The Membership Chairman will add you to the mailing list when your application is approved.

Additional copies of this application are available from: Secretary: Pat Cobb, 2397 N. Altadena Dr., Altadena, CA 91001, (626) 797-7620, patcobb@earthlink.net or online at: IAWWC.COM

**IRISH WOLFHOUND ASSOCIATION OF THE WEST COAST, INC.
MEMBER CONSENT TO THE RECEIPT OF ASSOCIATION COMMUNICATIONS AND VOTING
BY ELECTRONIC MEANS**

Many IWAWC members now consent to receive official IWAWC communications by email. In order to be in compliance with California Law, IWAWC must have a hard copy written consent from each member in IWAWC's file. If IWAWC does not have Consent in its file, it will be required to communicate by US Mail, at significantly increased cost, and longer delivery time. The IWAWC Board has authorized distribution of this consent form to all members. Please respond **ONLY IF YOU HAVE NOT SENT A PREVIOUS CONSENT FORM. Our goal is to have a form for each member, giving consent, or withholding consent.** Two persons in a Household membership may sign on the same form. Each member of a Household must complete and sign for both to be included.

By signing the Consent form, you agree that IWAWC may send official notifications to you to the electronic address (email) you indicate below, and that any election may be conducted by electronic means (Example: Survey Monkey), using the same electronic contact you have given us (i.e., your email address). Your consent will remain valid for the duration of your membership and any renewals thereof. You may update your email address at any time. You may revoke your consent at any time by providing the IWAWC Secretary written notice stating that you revoke your consent.

To consent to electronic communication and voting please print your name and email address, sign your name and date the form. Return the signed and dated consent form to the IWAWC Secretary: Patricia Cobb, 2397 N. Altadena Dr., Altadena, CA 91001. You may also sign and date the form and scan it and email it to the Secretary at: patcobbwiws@gmail.com. **There are two signature lines. Use only one for individual members and two for households.**

To CONSENT, sign here:

I have read the foregoing. I CONSENT to receiving electronic communications from IWAWC and agree that elections may be conducted electronically. IWAWC should contact me at the email set forth below.

Print name: _____ Print name: _____
Email: _____ Email: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

To WITHHOLD CONSENT, sign here:

I have read the foregoing and I DO NOT consent to receiving electronic communications from IWAWC that elections may be conducted electronically.

Print name: _____ Print name: _____
Email: _____ Email: _____
Signature: _____ Signature: _____
Date: _____ Date: _____