



The Portuguese Water Dog Club of America, Inc.

ASSOCIATE TO ACTIVE MEMBERSHIP APPLICATION

Applicant(s) have to hold a 2 year Associate Membership in good standing to apply.

(Please print or type)

Date Approved: _____

Member Name: _____

Phone (home): _____

Additional Household Member Name: _____

Phone (office): _____

Address (home): _____

Phone (fax): _____

E-mail: _____

Kennel Name: _____ AKC Registered: YES NO

Date of

Application: _____

NOTE: The PWDCA respects your privacy. This information will not be shared or sold to other organizations or businesses.

Occupation: _____ Are you under 18 years of age? YES NO If "yes", give DOB: ___/___/___

How long have you been involved with Portuguese Water Dogs? _____ Number of Portuguese Water Dogs currently owned or co-owned: _____ Number of other breeds: _____ Name the other breeds you currently own: _____

Please indicate your reasons for requesting Active Membership in the Portuguese Water Dog Club of America:

What do you expect Active Membership in the Portuguese Water Dog Club of America to offer you?

As an Active Member of the PWDCA, Inc., I would be interested in volunteering in the following areas:

Are you currently a member of a Regional PWD club? YES NO Are you a current member of other dog clubs? YES NO

Name of clubs and any offices and/or positions held: _____

PORTUGUESE WATER DOG(S) OWNED/CO-OWNED

If possible, please attach a copy of the Pedigree and/or AKC Registration Certificate for each Portuguese Water Dog you own.

| Registered Name (If more than 4 use back of form.) | Registration # | Call Name | Sex (M/F) | Date of Birth (M/D/Y) | Breeder(s) |
|---|----------------|-----------|-----------|-----------------------|------------|
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EXHIBITING RECORD

Do you exhibit in any of the following?

Breed? YES NO Water Trials? YES NO Agility? YES NO Obedience? YES NO Other?

If "yes", indicate the average number of shows per year: _____ Geographic area: _____

If "no", would you have any interest in, or want any information about exhibiting in:

Breed? YES NO Water Trials? YES NO Agility? YES NO Obedience? YES NO Other?

BREEDING RECORD

Do you breed Portuguese Water Dogs? YES NO If "yes", please attach a record of all Portuguese Water Dog litters, showing date, sire, dam, and AKC litter number.

If you have not yet bred a litter, do you have any interest in breeding? YES NO Explain: _____

PWDCA HEALTH & LITTER DATABASE

Health information on all of the dogs I own/co-own has has not been submitted to the PWDCA Health and Litter Database. "If not" please provide reason.

Litter information on all litters I have bred/co-bred have have not been submitted to the PWDCA Health and Litter Database. "If not" please provide reason.

SPONSORS

Two (2) PWDCA Active Members in good standing (not Associate Members) must endorse all applicants and they cannot be from the same household. Please obtain the sponsors signatures and comments prior to sending in your application.

Sponsor #1 Comments: _____

Sponsor #1 Signature _____ Telephone # _____ Years you have known applicant? _____

Sponsor #2 Comments: _____

Sponsor #2 Signature _____ Telephone # _____ Years you have known applicant? _____

THE UNDERSIGNED HEREBY APPLIES FOR ACTIVE MEMBERSHIP IN THE PORTUGUESE WATER DOG CLUB OF AMERICA, INC. AND AGREES TO ABIDE BY THE RULES, REGULATIONS, CODE OF ETHICS, CONSTITUTION AND BY-LAWS OF THE CLUB. THE PURPOSE OF THE PWDCA, INC. IS TO PRESERVE THE PUREBRED PORTUGUESE WATER DOG, THEREBY FULFILLING THE NEEDS FOR WHICH IT WAS BRED.

I UNDERSTAND THAT ACTIVE MEMBERSHIP IS NOT AUTOMATIC AND IS SUBJECT TO APPROVAL BY THE PWDCA, INC. BOARD OF DIRECTORS.

SIGNATURE OF APPLICANT(S): _____ Date: _____

_____ Date: _____

Please send completed application with all signatures and attachments to:

Pat Qvigstad, Membership Chairman
PWDCA, Inc. ~ 111 Foxtail Circle ~ Black Hawk, Colorado 80422-8861
Telephone: (303) 582-5009
Email: membership@pwdca.org