**Desert Irish Wolfhound Association**



**Membership Application / Renewal**

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| *(Select one)*New MemberReturning Member, after absencePlease contact me with more information | *(Select one)*Individual Membership - $20 year(Full voting rights – 1 Adult)Family Membership - $30 year(Full voting rights – 2 Adults) |

*New and renewing members please complete so we may update our records.*

## Name(s) Address City State Zip Home Phone Cell Phone E-mail address 1 E-mail address 2

## Occupation(s)

## Please indicate any of the following activities in which you would like to participate:

Re-Homing Obedience Conformation Therapy Transport or house a Re-Homed hound

Festivals Lure coursing Parades Host a meeting or activity Other

## Do you currently own any wolfhounds? If so, please list by name and indicate gender, birthday and color.

Name Male/Female Birth Date Color

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As a member of the Desert Irish Wolfhound Association (DIWA), I/we acknowledge that we are solely responsible for control of our dog(s) and responsible for any damages or injuries that may result from my dogs’ actions. I hereby waive and release DIWA, its officers, and members, from any and all liability of any nature, for injury or damage, which my dog or I may suffer or inflict.

Signed Date

## Please forward completed application form with membership dues to;

(Check or Money Order, Please do not mail cash.)

# Desert Irish Wolfhound Association 19901 W. Encanto Blvd.

# Buckeye, AZ 85396