

MID-ATLANTIC HUNTING SPANIEL CLUB

Membership Application

(please print)

Name(s) _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Occupation _____

E-Mail Address _____

Membership sponsored by _____
(must be a current Club member in good standing)

Please provide the following information:

Which spaniel breed(s) do you own? _____

For how long? _____

Briefly describe your experience with spaniels: _____

Areas of interest (check all that apply):

Hunting Field Trials (springer) Training
 Hunt Tests Field Trials (cocker) Other: _____
 Fun Trials Judging (tests/trials) _____

Have you attended an AKC Hunting Test Seminar? _____ If so, when and where? _____

The Club fiscal year runs September 1st to August 31st. Dues submitted after July 1st will apply to the upcoming fiscal year. Dues renewal notices are mailed to current members each August.

Please check type of membership you are applying for: _____ Individual - \$25 _____ Family - \$30

"I/We hereby apply for membership in the Mid-Atlantic Hunting Spaniel Club and agree to abide by its Constitution, By-Laws and Regulations. I enclose the sum of \$ _____ in payment of my/our membership fee for the current fiscal year."

Signature(s) _____

Please make check payable to M-AHSC and mail along with this form to:

Joe DeMarkis
17 Gracy Road
Pottsville, PA 17901
shogunSpaniels@verizon.net