



New Member Application

Membership Type: Individual (\$15) Household (\$25) Breeder Referral (\$5)
 Associate Foreign Honorary

Sponsor Name 1: _____

Sponsor Name 2: _____

Applicant Information

Printed Name: _____

Printed Name: _____

Junior Member: _____ Birthdate: _____

Junior Member: _____ Birthdate: _____

Address:

Street: _____

City: _____

State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Please indicate which number you wish to have in the published Membership List

Areas of Interest:

Conformation Herding Agility Scent work
 Rally/Obedience Therapy Tracking Breeding
 Pet Owner Barn Hunt Other: _____

Volunteer Interests:

Little Viking FestiVall Organize/setup Fun Days
 Newsletter Other: _____

List your Swedish Vallhunds (if any)

Registered name: _____ Call name: _____

Registered name: _____ Call name: _____

Registered name: _____ Call name: _____

Please include additional dogs on the back of this page

Applicant/Member Signatures

Signature: _____ Date: _____

Signature: _____ Date: _____

I/we agree to abide by the Constitution and By-Laws of the Mid-Atlantic Swedish Vallhund League and the American Kennel Club Rules governing Shows and Clubs.