



Membership Application

Norwegian Elkhound Club Of The Potomac Valley

Name of Applicant:

(1) _____ Nick Name _____

(2) _____ Nick Name _____

Address: _____

E-mail: _____

Tel. No.: Home _____ Cell: (1) _____ Other:(2) _____

Occupation & Company:

(1) _____

(2) _____

Names & Ages of Children at Home:

1. Elkhounds Owned:

Call Name, Registered Name, Sex, Birth Date

Breeder Name & Address: (if Known) _____

Dam: _____ Sire: _____

2. Call Name, Registered Name, Sex, Birth Date

Breeder Name & Address: (if Known) _____

Dam: _____ Sire: _____

3. Call Name, Registered Name, Sex, Birth Date

Breeder Name & Address: (if Known) _____

Dam: _____ Sire: _____

Please use another sheet if more space is required



Kennel Name (if Applicable): _____

Name & Location of your Veterinarian:

Other Animals owned - Dogs, Cats, Birds, etc.: _____

Please Indicate your interest in the following by checking all that apply: If you have already participated in any, please circle your check mark.

_____ Learning more about the
Elkhound Breed

_____ Participate in Club Activities

_____ Care of and/or Training of
Elkhounds

_____ Breeding

_____ Obedience Training

_____ Agility

Other: _____

_____ Obedience Showing

_____ Herding

_____ Conformation Showing

_____ Tracking

_____ Junior Showmanship (10 -17
Years)

Would you be willing to assist the Club at sometime in any of the following

_____ Breed Rescue

_____ Club Merchandise Sales

_____ Fostering

_____ Hospitality

_____ Transportation

_____ Trophy Committee

_____ Temperament Evaluation

_____ Membership Committee

_____ Liaison with Shelters, etc.

_____ Program or Activity Planning

_____ Other Needs

_____ Librarian

_____ Education & Research Committee

_____ Photography

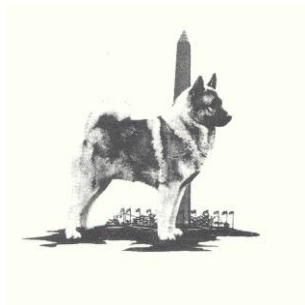
_____ Match or Specialty Chairperson

_____ Audit Committee

_____ Newsletter/ Reporting Committee

_____ Telephoning

Would you be willing in the future to run for a Club Office: _____ Yes?



Membership in other Canine Club(s). List names and positions held (if any):

How long have you been interested in the Norwegian Elkhound Breed: _____

What are some of your other interests and hobbies: (Please, for a family membership indicate whose interest - applicant 1 and/or 2)

Certification of Applicant(s)

I (We) hereby apply for membership in the Norwegian Elkhound Club of the Potomac Valley. If accepted, I (we) agree to abide by the Constitution, By-Laws, and Code of Ethics of the Club and the Rules of the American Kennel Club.

Signed: _____ Date: _____

Signed: _____ Date: _____

Attached is my/our check (to NECPV) in the amount of \$ _____ (\$25.00 Family, \$15.00 Single per year)

Proposer's signature: _____ Date: _____ (Club Member)

Proposer's signature: _____ Date: _____ (Club Member or your Veterinarian)

Please send completed form to: NECPV Membership Director, Gail DeBell
217 Williamsburg Rd Sterling, VA 20164
Any questions? Contact: chris@necpv.com