

MEMBERSHIP APPLICATION FORM

I wish to apply for membership / renewal membership of the Portuguese Water Dog Club of Ireland (PWDCI).

Name:.....

Address:.....

Phone:..... **Email:**.....

Your Kennel Club Affix:.....

The registered name of your PWD(s):.....

Your Experience with dogs:.....
(eg. pets, training, showing, breeding etc.)

I certify that I have not been suspended under Irish Kennel Club Rules or the rules of any other Kennel Authority recognised by the Irish Kennel Club.

I certify that I will abide by the The Portuguese Water Dog Club of Ireland's Rules and Code of Ethics and the Canine Code as issued by the Irish Kennel Club.

MEMBERSHIP FEE: €20.00

Date:..... *Membership year is from 1st September to 31st August each year.

Signed:.....
(all applicants please sign)

Please make cheques / bank drafts payable to: **The Portuguese Water Dog Club of Ireland** and forward together with this completed form to:

F.A.O. Portuguese Water Dog Club of Ireland
Animals First Veterinary Hospital,
Unit C, Block 8, Link Business Park, Kilcullen, Co Kildare, Ireland.

Email: info@pwdci.com **Web:** www.pwdci.com **Tel:** 045 480478