MID-ATLANTIC HOUND ASSOCIATION

of Central North Carolina

Membership Application

NAME(S):

ADDRESS:

CITY: STATE: ZIP CODE:

TELEPHONE: E-MAIL:

OCCUPATION:

TYPE OF MEMBERSHIP (circle one):

Household ($15 per applicant first-year dues; thereafter, dues are $15 for first member plus

$5 for each additional member.)

Individual ($15)

Junior ($5)

BREED(S) OF HOUND(S) OWNED:

INTERESTS (circle):

Conformation

Obedience

Performance Events (List) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRIEF HISTORY OF YOUR AFFLIATION AND ACTIVITIES WITH HOUNDS:

IF YOU CURRENTLY ARE A MEMBER OF ANY OTHER DOG CLUB OR ORGANIZATION, PLEASE LIST AND INCLUDE HISTORY OF YOUR PARTICIPATION IN EACH CLUB (i.e. offices or responsibilities held):

 ARE YOU A

BREEDER  -  EXHIBITOR - INTERESTED DOG OWNER

ARE YOU INTERESTED IN PARTICIPATING IN BREED RESCUE? IF SO, LIST WHICH BREED(S):

**I/We agree to abide by the by-laws of the Mid-Atlantic Hound Association of Central North Carolina (MAHA/CNC) and of The** **American Kennel Club.**

Signature

Signature

Date

MEMBERSHIPS ARE ANNUAL

PLEASE SEND COMPLETED FORM TO:

Brenda Adams, Treasurer

2400 Moorefields Road, Hillsborough, NC 27278

or

Gail Boyd, President

8948 Hope Hill Lane, Apex, NC 27502-7845

**Signatures of two sponsoring members are required:**

Signature

Please print name

Signature

Please print name

  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE FILLED OUT BY A MAHA MEMBER: Application fee in the amount of $ \_\_\_\_

(cash\_\_\_\_\_ or check \_\_\_\_\_ ) received by (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please be sure this application and the membership fee are submitted to the

Treasurer or President.