



GREAT DANE CLUB OF NORTHERN CALIFORNIA, INC.

Membership Application

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Type of Membership: Regular Junior

SOME INFORMATION ABOUT ME:

Number of years with Great Danes: _____ Number of Great Danes I currently own: _____

How many litters have you bred? _____ If none, are you planning on breeding? Yes No

Do you show, or plan to show? Yes No

Check all that apply: Conformation Obedience Agility

INFORMATION ABOUT MY GREAT DANES: Use additional sheet of paper as needed

Name: _____ Color _____ Age: _____

Name: _____ Color _____ Age: _____

Name: _____ Color _____ Age: _____

Name: _____ Color _____ Age: _____

Name: _____ Color _____ Age: _____

Are you a member of another club(s)? Yes No. *If yes, please name club(s) and position(s) held:

As a working club, you will be asked to participate in club activities. List skills, strengths and preferences you have in fulfilling club duties:

Please give a brief history of your activities in dogs and dog-related areas: Use additional sheet of paper as needed

I agree to abide by the constitution, by-laws and the code of ethics of the Great Dane Club of Northern California, Inc., the rules and regulations of the Great Dane Club of America and the American Kennel Club.

Signed: _____ Date: _____
(Signature of Applicant)

Would you like your Name/Kennel Name/Email address listed on the Members Page of the GDCNC Website? [] Yes [] No.

We hereby affirm that, to the best of our knowledge, the above information is true as presented by the applicant; that we are not related to the applicant; and, that we have known the applicant for more than six months. We are willing to act as "mentors" for the applicant.

Sponsor Signature: _____ Date: _____

Sponsor Printed Name: _____

Sponsor Signature: _____ Date: _____

Sponsor Printed Name: _____

Initial dues are \$40 per individual, and thereafter \$30 per individual annually.
Initial dues are \$60 per couple, and thereafter \$50 per couple annually.

Please send the completed application and a check for \$40/individual, \$60/couple payable to GDCNC to:

Patricia Dousman
GDCNC Membership Chair
P.O. Box 58
Dobbins, CA 95935
Email: pdousman@skyranchdanes.com
Phone: 530-692-2569

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For club use only:

Initiation fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_
Name to newsletter editor. Date: \_\_\_\_\_
First publishing date: \_\_\_\_\_ Second publishing date: \_\_\_\_\_
Voted by Board of Directors. Date: \_\_\_\_\_
By-laws given. Date: \_\_\_\_\_
Name, address and phone number to editor and treasurer. Date: \_\_\_\_\_
Notify applicant. Date: \_\_\_\_\_