



Dancers with Woofs Membership Form

Date: _____

Type of Membership:

Individual (\$20) _____ Family (\$30) _____

Name: _____

Other family members: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail address: _____

Birthday (Month/Day): _____

1.) Name of dog: _____ Breed: _____

Titles: _____

If competing at what level: _____

2.) Name of dog: _____ Breed: _____

Titles: _____

If competing at what level: _____

3.) Name of dog: _____ Breed: _____

Titles: _____

If competing at what level: _____

Return with payment to: Elaine Rahn, N6080 Hillside Drive, Sullivan, WI 53178

This membership is good from October 2018 through September 2019