

*Silken Windhounds of California*  
*Membership Application*

Name(s) \_\_\_\_\_ Date: \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone: \_\_\_\_\_

Email address \_\_\_\_\_

Other email address \_\_\_\_\_

Age(s) \_\_\_\_\_ Occupation(s) \_\_\_\_\_

Kennel Name (if applicable) \_\_\_\_\_

Circle Type of Membership: Single Family

ISWS Member:                      Yes No

Member of other kennel club: \_\_\_\_\_

\_\_\_\_\_

Do you currently own Silken Windhounds? \_\_\_\_\_

If not, please explain your interest in membership. \_\_\_\_\_

\_\_\_\_\_

Please list the main activities you participate in with your dogs:

(circle all that apply)

Breeding Conformation Obedience

Lure Coursing Open Field Coursing Straight/Oval track racing

Agility Other: \_\_\_\_\_

What contribution do you feel you can make to the club (e.g. skills, talents, areas of

interest, etc)? \_\_\_\_\_

Please list two references with basic contact information.

*Signature:*      *Date:*

*Signature:*      *Date:*

**ANNUAL MEMBERSHIP DUES**

Single \$25    Family \$35

Fees are subject to change without notice

Please send completed application with a check for fees to:

*SWC Treasurer*  
*Steve Tradewell*  
*245 S Montgomery St.*  
*Napa CA 94559*