



GROUP MEMBERSHIP APPLICATION

Training Facility, Group, or Organization Breed or Sports Club Other Canine Organization

Group Name: _____ Year started: _____

Address: _____

City, State, Country: _____

Zip code: _____ Website: _____

Describe group's purpose and goals: _____

President/Owner: _____

Phone(s) _____ Email: _____

Address: _____

City, State, Country: _____ Zip _____

Vice President/Owner: _____

Phone(s) _____ Email: _____

Address: _____

City, State, Country: _____ Zip _____

Contact person for Water Sports activities: _____

Phone(s) _____ Email: _____

Address: _____

City, State, Country: _____ Zip _____

New Membership \$15.00 U.S. funds Change of Information

This group hereby agrees to abide by the rules and regulations of Canine Water Sports and shall endeavor to provide learning and testing opportunities for Canine Water Sports enthusiasts.

Authorized Group Representative

Date

Return to:
Canine Water Sports, P.O. Box 842, Monroe, Connecticut. 06468 USA
(203) 521-0934 or Info@CanineWaterSports.com

Membership Number