



AMERICAN
ITALIAN GREYHOUND CLUB

Membership Application
(club year runs January to December)

Name of Applicant: _____

Address: _____
Street City, State, Zip

Telephone: (____) _____ Fax: (____) _____

Email Address: _____ Internet Address: _____

Occupation: _____ Kennel Name: _____

Type of Membership: Individual - \$10.00 Household - \$15.00 Junior - \$5.00

Number of dogs owned: _____

Breeder Exhibitor Obedience Performance/Agility Pet Owner/Fancier Lure

Other Dog Club Affiliations: _____

Signature of Sponsor #1: _____ Date: _____

Signature of Sponsor #2: _____ Date: _____

I agree to abide by the Constitution and By-Laws of the American Italian Greyhound Club (AIGC) and by signing this application I agree to adhere to the code of ethics of the United Kennel Club (UKC). I also hereby certify that I am in good standing with the United Kennel Club (UKC) and that if applying for Individual or Family/Household Membership, that I am at least 18 years of age.

Signature of Applicant: _____ Date: _____

Dues (payable to AIGC) are to be submitted with this application and mail to the membership chair:

Lynn K. Poston – 8214 Sewell Avenue – Fontana, CA 92335-3442

For Club use only – DO NOT WRITE IN THIS SPACE

Check Number: _____

Accepted Date: _____
 Pending Date: _____
 Denied Date: _____