



WORKING SCHNAUZER FEDERATION

APPLICATION FOR MEMBERSHIP

Dues: \$30/per member per year \$10/per Junior member per year

Please mail with check or money order (made payable to WSF) to:

Martha Galuszka, Membership Director

324 Oakwood Avenue, West Hartford, CT 06110

For additional information: 860-233-2286 or email: MJGALUSZKA@aol.com

NAME: _____ AGE: _____

SPOUSE: _____ FOR JUNIOR MEMBERSHIP(<18 yrs of age): DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____ WEBSITE: _____

OCCUPATION: _____

ORGANIZATIONAFFILIATIONS: USA DVG PSK GSCA OTHER/LOCALCLUB: _____

RIESENSCHNAUZER (Giant)

SCHNAUZER (Standard)

ZWERGSCHNAUZER (Miniature)

OF DOGS: _____ # OF BITCHES: _____ # OF DOGS: _____ # OF BITCHES: _____ # OF DOGS: _____ # OF BITCHES: _____

WORKING TITLES YOU HAVE EARNED WITH YOUR DOGS: _____

I HEARD ABOUT OR WAS REFERRED TO THE WSF BY: _____

INTEREST/EXPERIENCE: I WOULD LIKE TO HELPTHE WSF BYDOING THE FOLLOWING: _____

SIGNATURE: _____

Optional for WSF Records: (Please attach a supplemental sheet if required)

Please complete the following information on each of your Schnauzers and enclose a copy of the pedigree or registration form if available.

1.) NAME: _____ REG. NO.: _____ OFA NO: _____

AGE WHEN PURCHASED: _____ BREEDER: _____

TITLES WHEN PURCHASED: _____

TITLES EARNED SINCE PURCHASE: _____

2.) NAME: _____ REG. NO.: _____ OFA NO: _____

AGE WHEN PURCHASED: _____ BREEDER: _____

TITLES WHEN PURCHASED: _____

TITLES EARNED SINCE PURCHASE: _____

FOR WSF USE ONLY: MEMBERSHIPNUMBER ASSIGNED: _____ FROM: _____ TO EXPIRES: _____