



MEMBERSHIP FORM

Applicant

First Name _____
Last Name _____
Cell Phone _____ Work Phone _____
Email _____

Family Member added to this membership

First Name _____
Last Name _____
Cell Phone _____ Work Phone _____
Email _____

Membership fee: To be e-transferred to: Barb Heuman

\$45.00

treasurer@dachshundallianceofsouthernontario.com

Juniors: Free

Or mail your cheque - Barb Heuman

516243 County Rd. 124

Melancthon, On L9V1T9

Sponsor:-

Breeder: _____ Exhibitor _____ Owner _____ Junior _____

CKC Membership # _____ Long _____ Smooth _____ Wire _____
Standard _____ Mini _____