

(Please Print if not completing electronically) Applicant Name:

Applicant Name:			
Contact Information: Address			
	Street		(City/State/Zip)
Phone/Email			
	Telephone		EMail
I am personally acquainted with	this/these Applicant(s)	□ Yes	□ No
Please describe how you became acquainted with the Applicant(s).			
Please state any personal or business dealings you have had with the Applicant(s) if applicable.			
I have visited the Applicant(s)' premises. Yes No Date of Visit:			
Are you familiar with the Applicant(s)' home or kennel and the arrangements they have for housing dogs. \Box Yes \Box No If Yes, Please describe briefly:			
I have personally discussed wit Mayflower PWCC as set forth in participate as MPWCC members	n the Code of Ethics. It is m	ny belief that the A	Applicant(s) would actively
Sponsor Signature		Date:	
Sponsor Name			
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PLEASE RETURN ALL COMPLETED FORMS TO THE CHAIR OF THE MEMBERSHIP COMMITTEE