**GREATER MID-ONTARIO DOBERMAN FANCIERS**

***MEMBERSHIP RENEWAL - Oct. 1, 2015- Sept. 30, 2016***

**(Please print)**

**NAME: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WEBSITE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTHDAY(S) - year not applic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Name / Month / Date Name /Month / Date

**KENNEL NAME (if applic.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Exactly as registered)

**C.K.C. MEMBER? \_\_ C.K.C. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Yes) (No) (For Club Use Only)

**Please List All Your Dogs’ Names In Full (for statistical purposes)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Registered Name, including all Titles** | **Call Name** | **Sex** | **Date of Birth** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| (If not enough room, please use back of form or add attachment) |  |  |  |

**My signature indicate(s) that I/we have fully read, understand and agree to abide by the Greater Mid-Ontario Doberman Fanciers Code of Ethics, as provided.**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_Date: \_\_\_\_\_**

**ANNUAL FEE: $30.00 SINGLE or FAMILY. PLEASE MAIL YOUR CHEQUE, MADE PAYABLE**

 **TO THE GREATER MID-ONTARIO DOBERMAN FANCIERS, TO:**

**ANNE-MARIE PEACHEY**

**366 SUNCOAST DR. W. RECEIVED: For Office Use Only**

**GODERICH, ONTARIO**

**N7A 4B8**

**Phone: 519 524 7850**

**E-mail:** **suncoast@bell.net**