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| **OREGON BOXER CLUB** |  |

# MEMBERSHIP APPLICATION

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

**Type of Membership:**

Individual [ ]  Associate [ ]  Family [ ]  Junior [ ]

1. Why do you want to join the Oregon Boxer Club and what are your expectations for what the Oregon Boxer Club can do for you?
2. Briefly explain your history with dogs and do you currently own any dogs? How many?
3. What are you hoping to accomplish with the Oregon Boxer Club? What are your goals?
4. What other dog organizations or clubs have you belonged to or are currently a member of? Have you served in an office or committee? If so, please describe.
5. What do you feel are your responsibilities to your dog and the Boxer breed?

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Would you like to participate in club events as a volunteer?
 | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
| 1. Would you like to be involved in a committee?
 | YES[ ]  | NO[ ]  |  |
| If so, please list:  |  |  |  |
| 1. Have you read and are you willing to abide by the Oregon Boxer Club’s ByLaws and the American Boxer Club’s Code of Ethics?
 | YES[ ]  | NO[ ]  |  |

1. Please list two of your OBC Sponsors. They must be from separate households.

**Sponsor 1**

Name:

Address:

Phone:

**Sponsor 1**

Name:

Address:

Phone:

1. Please describe your association/history with them:

## Acknowledgement

I hereby submit my application for membership to the Oregon Boxer Club. I acknowledge that my membership is based on approval by OBC and/or ABC and shall be voted on. I further acknowledge I have read, understood, and will agree to abide by all rules, guidelines, ByLaws, and Code of Ethics applicable to this club.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please return this completed application to the OBC Club Secretary:

Sandy Turnidge, Secretary

2774 S. 11th Street

Lebanon, OR 97355

Phone: 541-619-6446

Email: sanridgeboxers@gmail.com

***\*\* TO BE COMPLETED BY OBC SECRETARY \*\**** *Approved by the membership on:*