



Vancouver Island Pointing Dog Club

2015 Membership Application

Last Name: _____ First Name: _____

Spouse: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Dogs:

1. Call Name: _____ Breed _____ Sex _____

Registered Name: _____ CKC Reg No _____

Date of Birth: D: M: Year: Place of Birth: Canada or elsewhere: _____

2. Call Name: _____ Breed _____ Sex _____

Registered Name: _____ CKC Reg No _____

Date of Birth: D: M: Year: Place of Birth: Canada or elsewhere: _____

Please use back of form if more than 2 dogs.

Interests: Field Tests ____ Field Trials ____ Hunting ____ Show ____ Obedience ____ Agility ____

Other related affiliations: (i.e.: CKC, BCABPC) _____

Please return completed form with a cheque for \$ 25 to the Treasurer:

Vancouver Island Pointing Dog Club

C/O : Russ Moore

91 Durrance Rd, Victoria, V9E 2G5