

(Please print legibly)

| Date | | | | | |
|--|---|--|--|--|--|
| | | | | | |
| ONE per application Name | | | | | |
| | | | | | |
| Address | | | | | |
| City / State / Zip | | | | | |
| Home Phone | Cell Phone | | | | |
| Work Phone | Fax | | | | |
| Email | | | | | |
| | | | | | |
| | | | | | |
| Sponsored by: (Two members in good standing with the | ne IGCGH, Inc.) | | | | |
| Member | | | | | |
| Member | | | | | |
| Applicants who do not know two club members are welcome | ne to attend club functions and activities such as meetings | | | | |
| and/or playdates for the purpose of meeting members. | | | | | |
| | | | | | |
| Do you currently own Italian Greyhounds? | TYES TNO | | | | |
| If YES, how many? | | | | | |
| | Пош | | | | |
| How were they acquired? ☐From Breeder ☐From I | Rescue Other | | | | |
| Please tell us briefly about your dogs: | | | | | |
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| We are an organization made up of all volunteers — would you be willing to volunteer for | | | | | |
| the IGCGH? YES NO | | | | | |
| If YES, there are a variety of ways you can help. Please ma | ark your interests below, and we will contact you: | | | | |
| Dog Shows – Presentation of trophies | Social – Help with annual party and silent auction | | | | |
| Dog Shows – Handing-out participant numbers | IGCA Rescue – Local transport of rescues | | | | |
| Dog Shows – Setting-up the club's grooming space | IGCA Rescue – Transport to / from Houston-area | | | | |
| Dog Shows – Transport judges to / from the airport | IGCA Rescue – Provide foster care for rescues | | | | |
| Fund Raising – Developing fund raising ideas | IGCA Rescue – Help with adoptive home visits | | | | |
| Fund Raising – Solicit items for the silent auction | IGCA Rescue – Help process adoption applications | | | | |
| Social – Planning meetings | IGCA Rescue – Help with public rescue events | | | | |
| Social – Arranging guest speakers / entertainment | | | | | |



(Please print legibly)

| Why do you wish to become a member of the IGCGH? | | | | | |
|--|--|--|--|--|--|
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| Education about the Italian Greyhound breed is one of the club's important purposes. | | | | | |
| Are there any particular subject areas about which you would like to learn more? | | | | | |
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| Are there any subject areas in which you have expertise that you could share with club members? | | | | | |
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| Are you a breeder? YES NO | | | | | |
| Are you a professional handler? YES NO If YES, for which breeds? | | | | | |
| Are you a licensed judge? | | | | | |
| | | | | | |
| If you answered NO to all 3 of the above questions, you may skip to the MEMBERSHIP INFORMATION section on page 3. Be sure to sign the application. | | | | | |
| If you answered YES to any of the 3 questions please complete the following sections before signing the application. | | | | | |
| Breeders please provide Name of Bitch / Litter Registration # and Name of Stud / # of Litters Sired for your bred dogs. You may write on the back of the application or attach a separate sheet. | | | | | |
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(Please print legibly)

| Do you own a kennel? | □YES | □NO | | | | | |
|--|---|------------------------------|----------------|--|-------------|--|--|
| If YES, what is the name? | | | | | | | |
| | | | | | | | |
| Have you participated in any of the following? (in the past 2 years) | | | | | | | |
| Conformation Shows | □YES | □NO | | | | | |
| Specialty Shows | □YES | □NO | If so, what br | reeds? | | | |
| Obedience Trials | □YES | □NO | | | | | |
| Agility | □YES | □NO | | | | | |
| Field and/or Tracking | □YES | □NO | 0 | Other? | | | |
| | | | | | | | |
| Italian Greyhounds owned, gender, and registration number(s): | | | | | | | |
| Name | | | Gender | AKC# | | | |
| Name | | | Gender | AKC# | | | |
| Name | | | Gender | AKC# | | | |
| Name | | | Gender | AKC# | | | |
| | | | | need more room, you may write on ships, obedience and/or agility titles. | the back of | | |
| the application, of attach a sept | arate silee | i. i iease iliciut | de champions | simps, obedience and/or aginty titles. | | | |
| | | | | | | | |
| MEMBERSHIP INFORMATION (The sections below MUST be completed.) | | | | | | | |
| | | | | | | | |
| Please indicate level for membership sought: | | | | | | | |
| \$20.00 /member Fu | ull Memi | bership | | | | | |
| \$10.00 /member A | \$10.00 /member Associate Membership (non-voting) | | | | | | |
| \$5.00 /member Ju | ınior Me | embership (| non-voting / u | under 16 years of age) | | | |
| | | | | | | | |
| Check for membership dues MUST accompany your application and made payable to I.G.C.G.H. | | | | | | | |
| | | naae pay 7 FM 1139 | | I.G.C.G.H. TX 75032 | | | |
| | 200 | 7 FIVI 1139 | Rockwall | 1 X 75032 | | | |
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| Please read thoroughly and sign where indicated. | | | | | | | |
| If elected to membership, I will abide by all rules and regulations of the IGCGH, Inc. | | | | | | | |
| Signature | | | | Date | | | |