

# Membership Application

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Kennel Prefix (if any): \_\_\_\_\_

Are you associated with Samoyed Rescue? Reference: \_\_\_\_\_

Do you currently have dogs? Names: \_\_\_\_\_

**Sponsors:** (Sponsorship by 2 NCSF members is required. Ask if you are not acquainted with 2 members.)

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Membership Fees:** \$15.00 for individual membership.  
20.00 for family membership.

While no demands will be made of members, other than to pay dues on time, we encourage you to donate time and/or funds to club supported events.

I, the below-signed applicant, agree to abide by the Constitution and By-Laws of the Northern California Samoyed Fanciers, to protect and advance the interests of the Samoyed and the rules of the American Kennel Club.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Please Make Checks Payable to: N.C.S.F.

Return to: Laura Crawford  
Attn: NCSF Membership  
2818 Bayview Dr  
Alameda, CA 94501

Questions? (510) 523-6692  
E-mail: NCSF Info@aol.com

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Office Use Only

Date read: \_\_\_\_\_

Date Voted: \_\_\_\_\_

Signature of Recording Secretary:

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