

2022-2023

(revised May 2019)



WCNI Membership/Renewal Application www.wcni.org

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1st Voting Memb	per:		2nd Voting	g Member (Family N	Nembership only)	
Address:						
City:			State:		Zip:	
1 st Member Cell/Phone #:				1 st Member Email:		
^{2nd} Member Cell/Phone #:			2 nd Member Email:			
Sponsor's name	if New Applicant (Print):		Signature	of Sponsor:		
My/Our inter	est in Weimaraners in	cludes: (mark all that	apply)			
□Agility	☐ Field Trials	☐ Hunting Tests	□Pers	sonal Hunting	□Obedience	
□Show	□Tracking	☐ Companion	□Just	Pets	☐ Breeding	
l/we would lil	ke to help with: (mark a	all that apply)				
☐ Agility Trials	☐ Field Trials	☐ Hunting Te	sts	☐ Ratings Tests	☐ Specialty Show	
☐ Tracking Tests	☐ Club Committe	ees □ Fun/Trainii	ng Days	☐ Newsletter Pro	duction	
Do you own a	Weimaraner now?] Yes □ No	Are you	u a breeder? □\	Yes □ No	
Please relate any	other experience you hav	re (other clubs, training	programs, r	escues etc):		
By applying for/r	enewing my/our members	ship in the Weimaraner	Club of Nor	thern Illinois, I/we a	agree to:	
 Support the Constitution and By-Laws of the WCNI. Abide by the rules of the American Kennel Club and other sanctioning entities of WCNI events. Encourage high standards in breeding, training, and showing of Weimaraners. Promote the welfare of the Weimaraner breed. 						

Membership in the WCNI entitles me/us to a voice in club matters and elections. All communications will be sent to my/our E-mail address unless otherwise stated. It is my/our responsibility to inform the WCNI Membership Chair of any information changes/updates.

I agree to assume full responsibility and liability for my dog(s), myself and members of my family while engaged in any club activity or on any premise, grounds or other places under the club's sponsorship or control. I hereby release the Weimaraner Club of Northern Illinois for any and all claims, actions or causes of actions, growing out of or arising out of or in connection with any or all club activities or on any premises or place under its control.

1 st member signature:	Please Send Application & Check, Payable to WCNI to:				
	Rebecca Reisberg	Individual Membership \$10.00			
	2075 Ivy Ridge Dr.	Family Membership	\$15.00		
2 nd member signature:	Hoffman Estates, IL	, .	·		
	60192				