



2023-2024

(revised May 2019)

WCNI Membership/Renewal Application

www.wcni.org



1st Voting Member:		2nd Voting Member (Family Membership only)	
Address:			
City:		State:	Zip:
1 st Member Cell/Phone #:		1 st Member Email:	
2 nd Member Cell/Phone #:		2 nd Member Email:	
Sponsor's name if New Applicant (Print):		Signature of Sponsor:	

My/Our interest in Weimaraners includes: (mark all that apply)

- Agility Field Trials Hunting Tests Personal Hunting Obedience
 Show Tracking Companion Just Pets Breeding

I/we would like to help with: (mark all that apply)

- Agility Trials Field Trials Hunting Tests Ratings Tests Specialty Show
 Tracking Tests Club Committees Fun/Training Days Newsletter Production

Do you own a Weimaraner now? Yes No

Are you a breeder? Yes No

Please relate any other experience you have (other clubs, training programs, rescues etc): _____

By applying for/renewing my/our membership in the Weimaraner Club of Northern Illinois, I/we 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:
2 nd member signature:

Please Send Application & Check, Payable to WCNI to:
 Meghan Williams Individual Membership \$10.00
 9910 Giles Dr Family Membership \$15.00
 Mokena, IL 60448 PayPal - <https://paypal.me/WCNI>

Note: Membership renewals are due before May 1st