



2024 Membership Application

<p>New*</p> <p>Applicant (single membership)</p> <input style="width: 100%; height: 20px;" type="text"/> Email <input style="width: 100%; height: 20px;" type="text"/> Junior Applicant(s) (must be under 18 years) <input style="width: 100%; height: 20px;" type="text"/> Address <input style="width: 100%; height: 20px;" type="text"/> City <input style="width: 100%; height: 20px;" type="text"/> Postal Code <input style="width: 100%; height: 20px;" type="text"/> Phone <input style="width: 100%; height: 20px;" type="text"/>	<p>Renewal</p>	<p>Breeder Sponsored</p>	<p>Single</p> <p>Co-Applicant (family membership)</p> <input style="width: 100%; height: 20px;" type="text"/> Email <input style="width: 100%; height: 20px;" type="text"/>	<p>Family</p>
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Your personal contact information will only be used for club correspondence, newsletters, notifications, and club files. It will not be made available to any other group or organization.

I am a member of the Canadian Kennel Club (CKC)

In what activities are you & your Vizsla(s) involved/interested in?

Agility Field Tests/Trials Obedience Rally
 Scent Work Tracking Show Other

Single Annual membership (1 vote)		\$30:00	\$
Family Annual membership (2 votes)		\$40.00	\$
I'm a breeder & I am submitting this application on behalf of my new puppy owner(s) (New owners must sign)	Single Annual membership	\$20.00	\$
	Family Annual membership	\$20.00	\$
Donation to the Club			\$
Donation to the Trophy Fund			\$
I would like to be added to the Breeders List I have reviewed the Guidelines for Member Conduct and meet the Breeding requirements		\$10.00	\$
TOTAL			\$

PAYMENT OPTIONS: Your membership form must be received at membership@vizslacanada.ca before payment can be accepted.

- E-Transfer: Send to treasurer@vizslacanada.ca Send membership form to membership@vizslacanada.ca
- Mail: Send Cheque or money order with your signed membership form to: Jayne Coneybeare, 4210 Frederick Rd, Armstrong, BC V0E 1B4
- PayPal: See link on Vizsla Canada website under [Club Store](#) Send membership form to membership@vizslacanada.ca

**New Members: I/We hereby apply for Provisional Membership in Vizsla Canada Inc. I/We understand that membership will not be effective until 60 days following publication of the notice of my/our application and that The Membership Committee of Vizsla Canada acting in accordance with the Constitution and By-Laws has the sole discretion to grant Provisional Membership. The Provisional Member, upon completion of one uninterrupted calendar year of membership shall be reviewed by the Membership Committee for eligibility as a Regular member.*

- I/We state that: I am/ We are over 18 years of age and if applying for Family Membership, live at the same address.
- I am/We are not under suspension or expulsion by the Canadian Kennel Club, American Kennel Club, The Kennel Club (England), or any other registry or association incorporated under the Animal Pedigree Act;
- I/We have not been convicted of cruelty to animals.
- I/We agree to be governed by the Vizsla Breed Standard as it applies in my country of residence.
- I/We agree to abide by the Constitution and By-Laws of Vizsla Canada.
- I/We agree to uphold the Guidelines for Member Conduct.

Signature of Applicant

Check here to accept electronic signature

Signature of Co-applicant

Check here to accept electronic signature

Please add me to the 2024 Breeder List

NOTE: New members are not eligible until after 1 full year of membership

I am a new applicant an existing applicant Use last year's information

Kennel Name	
Name(s)	
Phone Number	
Address	
City, Province	
Email	
Website Address	
Breed(s)	<input type="checkbox"/> Smooth <input type="checkbox"/> Wire-Haired <input type="checkbox"/> Both

Provide the Registered Names of the Vizslas you plan to use for breeding in 2024. For each dog indicate either S for Smooth or W for Wire-Haired in the Breed column and indicate if they have their OFA# for Hips, Thyroid, and Eyes. OVC#/PennHip# if applicable. If your dog has a PennHip#, please attach a copy of the certificate.

Registered Name	Breed	OFA			OVC# or PennHip# Please include Score	Comments
		Hips	Thyroid	Eyes		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

IMPORTANT Click the Check Document button to validate your form before submitting.

Please email this form to membership@vizslacanada.ca