

2024 Membership Renewal Form

Bloodhounds West, Northern Chapter

Name: _____

Street Address: _____

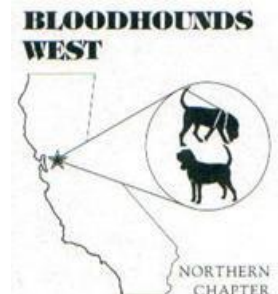
City/State/Zip: _____

Home: _____ Cell: _____

Work: _____

Email: _____ Alt. Email: _____

Kennel Name: _____



Please list your bloodhound names, titles, and date of birth (or adoption date).

Member's Signature _____ Date _____

Renewal Due Date: **January 1** of each year. Membership lapses if delinquent over 60 days.

Single/Family Membership (carries one vote) \$25.00 \$ _____

Junior Membership (carries one vote) \$25.00 \$ _____

General Fund Donation \$ _____
(National, Regional, & Supported Shows, Trophies, Tracking/Trailing Trials)

West Coast Bloodhound Rescue Donation \$ _____

TOTAL \$ _____

PAWS AND RENEW YOUR MEMBERSHIP

Make your check payable to **Bloodhounds West** and send to:
Debbie Pray, Treasurer, 532 Cinbar Drive, Roseburg, OR 97471

Dues are accepted through PayPal at bloodhoundswestnc@gmail.com
Enter your membership information in the PayPal comment section.

Thank you for your BWNC Membership and Support