



LOWER MAINLAND

WHIPPET ASSOCIATION

Application for Membership/Membership Renewal

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

I certify that I will abide by the constitution, bylaws and decisions of the LMWA. I certify that I will hold blameless the Club and all persons associated with it in any capacity whatsoever, from any and all liability, cost and expense for any injury or damage to persons or property caused by any dog brought by me to any event held or sponsored by this Club.

ANNUAL DUES: Family \$15 Individual \$10

SIGNED: _____ **DATE:** _____

Please send completed application with membership dues to:

Linda Buchholz
LMWA Secretary
26767 – 13th Avenue
Aldergrove, BC V4W 2S4
604-856-5660 lmwa@shaw.ca