

## Southern California Alaskan Malamute Club

## Membership Application

Name:			Date: City, State, Zip:			
Address:		City, State, Z				
Phone:	E-Mail Address:					
Occupation	;	Aı	re you affiliated	with any other c	elubs? Yes No No	
If Yes, Pleas	se list clubs:					
How long h	ave you been involved with mala	mutes?	_ Number of N	Ialamutes owne	ed:	
Are you into	erests in: Conformation?	Obedience?	Working?	Rescue?	Therapy?	
Please list a	any titles held:					
Do you bree	ed? Yes No If yes,	how long?	Number	of litters produc	ced yearly:	
and by-laws Membership	by apply for membership in the S s and otherwise promote the well p Meeting before this application the the necessary fees.	lfare of the club. I/We	acknowledge th	at I/We must a	attend at least one General	
	Initiation Fee \$	Dues \$	_ Per :	Person	Per couple	
	I/We are applying for:	New Members	hip	ewal Membershi	ip	
Signature: _						
	Signatures of two (2) spo Sponsors must also be in					
Sponsors:						
Name:		Signature	e:			
Address:			Phone: _			
Name:		Signature:				
Address:			Phone:			

Applications with appropriate fees and signatures may be mailed to: Southern California Alaskan Malamute Club, 6910 Beckett St., Tujunga CA 91042