

# Mastiff Club of Colorado Membership Application

Membership is open to all individuals 18 years of age or older, in good standing with the American Kennel Club, who subscribe to the purposes of this club. **One name per application.** Print clearly or type. Include a check or money order for \$20 (U.S.) made payable to Mastiff Club of Colorado or MCOC. Mail or give the completed application within 30 days of the last signature on the application to the Secretary (see below).

Voluntary donation to Club \$ \_\_\_\_\_ Voluntary donation to benefit MCOA Rescue \$ \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ (+4) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ Publish? Y / N CELL PHONE \_\_\_\_\_ Publish? Y / N

EMAIL \_\_\_\_\_ WORK PHONE \_\_\_\_\_ Publish? Y / N

*(Please note that a lot of communication is via a yahoo E-mail group)*

Are you a member of The Mastiff Club of America? Y / N If so, are you currently in good standing? Y / N

Have you ever faced discipline, expulsion or been denied membership into the MCOA or any other dog club? Y / N

Areas of Interest: Breeding Conformation Obedience Rescue Pet Events Picnics

Other Interests: \_\_\_\_\_

HAVE YOU EVER APPLIED BEFORE? Yes / No IF YES, WHEN? \_\_\_\_\_

KENNEL NAME (Optional) \_\_\_\_\_

OCCUPATION (Optional) \_\_\_\_\_

List other Breed Specialty Clubs or All Breed Clubs to which you belong: \_\_\_\_\_

I have read the Code of Ethics (include a copy). I agree to abide by these rules, the Constitution and Bylaws of the Mastiff Club of Colorado and those of the American Kennel Club. I am eligible for membership as specified above and have attained the required age to become a member.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signed \_\_\_\_\_  
Printed \_\_\_\_\_

*Each application must be sponsored by two MCOC members who are not related to Applicant or each other and who have been members in good standing for a minimum of one year. We, the undersigned MCOC member do, individually recommend this applicant.*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signed \_\_\_\_\_  
Printed \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signed \_\_\_\_\_  
Printed \_\_\_\_\_

PLEASE LIST MASTIFF(S) YOU HAVE: (Optional)

Dog's Name: \_\_\_\_\_ Breeder: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breeder: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breeder: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breeder: \_\_\_\_\_

SEND COMPLETED APPLICATION, COPY OF CODE OF ETHICS, AND DUES TO:  
Wendy Lofgren, MCOC Secretary, 11795 Conifer Ridge Drive, Conifer, CO 80433

For MCOC Use Only:

Date received: \_\_\_\_\_ Form of Payment: \_\_\_\_\_ Received by: \_\_\_\_\_

Date of 1<sup>st</sup> reading: \_\_\_\_\_ Date of 2<sup>nd</sup> reading: \_\_\_\_\_ Rejected/Elected Date Notified: \_\_\_\_\_