

OFFICE USE ONLY

	Date Received
	Date Acknowledged
	Officer's Approval

**ENGLISH SETTER CLUB OF NEW ENGLAND
MEMBERSHIP APPLICATION**

I/We hereby make application for membership in the English Setter Club of New England and enclose annual dues in accordance with Article VI, Sections 1 and 2 of the By-Laws for the classification of membership checked below.

Please Print or Type

Date: _____/_____/_____

Email: _____

Mr./Mrs./Mr. & Mrs./Ms. (circle one)

Phone #: (_____) - _____

Name: _____ (_____)
 If Family Membership, Spouse's Name

Address: _____

City: _____ State: _____ Zip: _____

Classification of Membership:

_____ FAMILY (\$25.00)

_____ SINGLE (\$15.00)

_____ JUNIOR (\$5.00) No voting & Under 16 years of age.
Date of Birth _____

Make checks payable to ESCNE. (All funds in U.S. currency please.)

ENDORSED BY 2 ESCNE MEMBERS IN GOOD STANDING AND NOT OF THE SAME HOUSEHOLD

1. _____ 2. _____
(Sponsor's Name - Print Plainly) (Sponsor's Name - Print Plainly)

(Sponsor's Signature) (Sponsor's Signature)

**Mail to ESCNE Membership Chairman: Jane Flynn
84 Willow Street
Milford, CT 06460
(203)877-0515
jdflynn@snet.net**