

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

Phone #: (____)- _____

Name: _____ (_____)

If Family Membership, Second Name

Address: _____

City: _____ State: _____ Zip: _____

Classification of Membership

_____ FAMILY (\$35.00)

_____ SINGLE (\$25.00)

_____ JUNIOR (\$5.00) Under 16 years of age; no voting privilege

Date of Birth _____

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

ENDORSED BY 2 ESCNE MEMBERS IN GOOD STANDING

1. _____

(Sponsor's Name – Print Plainly)

2. _____

(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