



**Metropolitan Washington Dachshund Club**

The objectives of the club are to:

1. Encourage and promote the breeding of purebred dachshunds, and to do everything possible to bring their natural qualities to perfection.
2. Urge members and breeders to accept the Standard of the breed as adopted and promulgated by the Dachshund Club of America (DCA) and approved by the American Kennel Club (AKC) as the only standard of excellence by which dachshunds shall be judged.
3. Do all in its power to protect and advance the interests of the breed by encouraging sportsmanlike competition at dog shows (conformation) and performance events.
4. Conduct sanctioned and licensed specialty shows, field trials and other performance events under the rules of the AKC. Our members try to achieve these good ends for their hobby in a friendly, relaxed and sportsmanlike manner.

**APPLICATION FOR MEMBERSHIP**

Name of applicant: (Print or type) \_\_\_\_\_

Address: Home: \_\_\_\_\_  
\_\_\_\_\_

Contact: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Yes/No Please send any correspondence to my Email: \_\_\_\_\_

**NOTE:** Potential members must complete the following prior to submission of this application:

1. Attendance at two (2) MWDC events (eg. one meeting + one event)
2. Sponsorship by two (2) MWDC full members in good standing.
3. A **Care and Condition\*** home visit has been made to the applicant's home by an MWDC full member in good standing. (With approval, a virtual visit, via a video or photographs, may be submitted to the board of directors.)

I am over 18 years of age \_\_\_\_\_ (Juniors are welcome but must apply for Full or Associate membership)

I own (#) \_\_\_\_\_ Dachshund(s) AKC registered? \_\_\_\_\_ Variety(ies) \_\_\_\_\_

I show \_\_\_\_\_ I breed or have bred \_\_\_\_\_ I am in good standing with AKC \_\_\_\_\_

I am applying for: Individual (Full) membership: \_\_\_\_\_ or Associate membership: \_\_\_\_\_

**My Sponsors:**

1. _____	_____
Name	Signature
2. _____	_____
Name	Signature

Applicant's Signature: \_\_\_\_\_

My check/money order, made payable to Treasurer MWDC for \$15.00 is enclosed, (\$10.00 for Associate membership)  
Mail to: Membership, MWDC, Meredith Averitt DVM, PO Box 38, Toano, VA 23168

\*CARE & CONDITION HOME VISIT PERFORMED on: \_\_\_\_\_ by: \_\_\_\_\_ (Physical / Virtual)  
APPROVED BY BOARD OF DIRECTORS \_\_\_\_\_ NEW MEMBER NOTIFIED \_\_\_\_\_