



WESTERN ROTTWEILER OWNERS MEMBERSHIP APPLICATION

*Dedicated to Education and
Responsible Dog Ownership
For Over Thirty Years*

Applicant Name: _____

Other Family Member Sharing Membership: _____

Address: _____ Day Phone: _____ [Home [Cell

City: _____ State: _____ Zip: _____ Evening Phone: _____ [Home [Cell

Email: _____

[] Yes, please send me an invitation to the WRO Email Chat Group

Would you be interested in helping at a WRO sponsored event, such as Workshops, Picnic, Holiday Party, Seminars, Clinics, etc? [] Yes [] No

Would you be interested in being on the WRO Board of Directors? [] Yes [] No

Do you have any specialized skills that might be of help to WRO? [] Yes [] No

If yes, please indicate specialized skill(s): _____

CHECK THE TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:

_____ *REGULAR MEMBERSHIP (MUST OWN A ROTTWEILER, ONE VOTE).....\$30.00

_____ *ASSOCIATE MEMBER (NOT PRESENTLY OWNING A ROTTWEILER, NO VOTE).....\$30.00

_____ *PUPPY MEMBERSHIP (GOOD FOR 6 MO., MUST BE A FIRST TIME ROTTWEILER OWNER
AND MUST HAVE BOUGHT THE ROTTWEILER FROM A WRO MEMBER, NO VOTE).....\$0.00

_____ *RESCUE MEMBERSHIP (GOOD FOR 6 MO., MUST BE A FIRST TIME ROTTWEILER OWNER
AND MUST HAVE OBTAINED THE ROTTWEILER FROM A VALID RESCUE, NO VOTE).....\$0.00

***NOTE:**REGULAR AND ASSOCIATE MEMBERSHIPS COVER A 12 MONTH PERIOD (JUNE 1 – MAY 31)

REGULAR MEMBERSHIPS PAID BETWEEN JUNE 1 & NOVEMBER 30.....\$30.00
REGULAR MEMBERSHIPS PAID BETWEEN DECEMBER 1 & MAY 31.....\$15.00

I (WE) AGREE TO LIVE UP TO THE CREED OF THE WESTERN ROTTWEILER OWNERS “TO DO WHAT I (WE) CAN TO IMPROVE AND PROTECT THE ROTTWEILER BREED IN A SPIRIT OF WRO HONESTY, GOOD WILL AND FAIR PLAY.”

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Make check payable to **Western Rottweiler Owners**
Mail completed application w/check to:

WRO Membership
c/o Jennifer Scotten
PO Box 635
Lathrop, CA 95330
209-234-1175
love4rotts@gmail.com

