



DOBERMAN RESCUE FOUNDATION CANADA

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Current Address:		
City:	Province:	Postal Code:
Email:	Ph (cell)	Ph (home)

HOW DID YOU HEAR OF US

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WHAT AREAS WOULD YOU BE INTERESTED IN HELPING WITH

Membership	Fostering	Computer Skills	Grant Writing	Dog Walking	Crafting
Fundraising	Transportation	Executive			Other

TELL US A BIT ABOUT YOURSELF

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Signature of applicant:	Date:
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FOR OFFICE ONLY

Membership dues: \$5.00 per year to be a Voting Member eligible for office.

Membership dues paid:	Date:
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