

Keystone Vizsla Club Membership Application

club membership runs from January through December

Name:	Famil	y Member(s) Name:	
Address:			
Phone:		Type: Home Mobile Work	
Alt. Phone:		Type: Home Mobile Work	
Email:			
*I give permission fo	or my contact info to be pu	blished in the club directory yes/no	O
Referred by:			
I/we currently own:	#male Vizslas	#female Vizslas	
Kennel Name (if yo	ou are a breeder):		
I/we compete in/are	e interested in the followin	gactivities:	
☐ Conformation		☐ Field Trials	
□Agility		☐ Training Days	
\square Rally/Obedience		☐Fun Days	
☐ Hunt Tests		☐ Other	
•		e could use your help! If you would be nittee, please check here:	interested i
have enclosed:	\square \$25 for single mer	nbership □\$30 for family memb	ership
1ember signature:		Date:	
Family member signa	ature:	Date:	

Make check payable to **Keystone Vizsla Club** and mail to: Allyson Lorenti, Membership Chair

128 Steinbright Drive Collegeville, PA 19426

alorenti@comcast.net