

Space Coast War Dog Association

Membership Application

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # (____) _____ Email Address: _____

Home Page http:// _____

K-9 Unit/Branch/K-9 Name Brand Number _____

I as listed above, will not discriminate SCWDA members or SCWDA supporters based on race, color, religion, sex, handicap, national origin, age or ethnic group; nor will I participate in any organization or activity which engages in discriminatory practices.

I am aware my membership will automatically terminate on the occurrence of any of the following causes:

- Voluntary resignation
- Expiration of membership (failure to pay yearly dues)
- Destruction of SCWDA property including electronic media and data files
- Misrepresentation of the SCWDA
- Falsifying information on application for membership
- Causing false information to reach the public/media in any form
- Misrepresenting oneself to the public for the purpose of soliciting charity
- Or if SCWDA Officers find me discriminating a member or SCWDA supporter based on race, color, religion, sex, handicap, national origin, age or ethnic group.

I understand the Termination of Membership: Yes or NO

I DO/ DO NOT want my information above added to the SCWDA web site.

Note: At any time you can email the SCWDA and change your status. For an example see the members page on the SCWDA website.

Annual membership fee is \$20.00 Please enclose check or money order with this application made out to the "Space Coast War Dog Association."

Signature: _____ Date: _____

When Membership dues are received you will be mailed a Membership letter and Membership Card. Each card will be assigned a membership number. Membership numbers can not be reserved or specifically requested.