



Oregon Basset Hound Rescue, Inc.

Membership Application

Name(s): \_\_\_\_\_ Kennel Name: \_\_\_\_\_  
(if any) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Type of Membership (Check one)

Individual - One Year: \_\_\_\_ (\$2.00) Associate Membership - One Year: \_\_\_\_ (\$2.00)

Do you own a basset hound now or have you ever? \_\_\_\_

How long have you owned a Basset Hound? \_\_\_\_\_

Has AKC, the Humane Society or related agency for animal welfare, ever cited you? \_\_\_\_

If yes, please explain on the back of this sheet.

Are you interested in: (Check all that apply)

Administration: \_\_\_\_ Fostering: \_\_\_\_ Assisting with Transport: \_\_\_\_ Fund Raising: \_\_\_\_

Other (please list interest) \_\_\_\_\_

Would you be interested in helping with any of the following committees?(Check all that apply)

Assisting with fund raising: \_\_\_\_ Assisting with activities: \_\_\_\_

Assisting with communications: \_\_\_\_

I Hereby agree to follow the constitution, bylaws, and guidelines of Oregon Basset Hound Rescue, Inc. I duly state that, to the best of my knowledge, I have completed this application truthfully.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Sponsor Date

Date of first reading: \_\_\_\_\_

Date of second reading: \_\_\_\_\_

Mail this form to: Oregon Basset Hound Rescue  
PO Box 20254  
Keiser, OR 97307