



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