

# Löwchen Club of America

## FULL MEMBERSHIP APPLICATION

To be accepted for membership in the Lowchen Club of America, applicant must be 18 years of age or older, must own or co-own a Löwchen, must agree to abide by the Constitution and By-laws of the Club and submit two letters of recommendation and a signed Code of Ethics. Applications received without letters of recommendation or signed Code of Ethics will be returned. Please mail this application to: **Cecile Balizet – 50 Foxcroft Drive, Doylestown, PA 18901**

Single membership fee \$ 25.00  
Family membership fee \$ 40.00

Check payable to LCA (US funds)

PLEASE PRINT OR TYPE INFORMATION:

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (Area Code) \_\_\_\_\_

FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

What breed(s) of dog(s) do you currently own? \_\_\_\_\_  
\_\_\_\_\_

What other breed(s) have you owned in the past? \_\_\_\_\_  
\_\_\_\_\_

What dog clubs do you belong to? \_\_\_\_\_  
\_\_\_\_\_

Have any of your dogs ever had a litter? \_\_\_\_\_

Are you, or any affiliate, in any way professionally connected with dogs? (Breeding a few litters does not in this case constitute professionalism) How?  
\_\_\_\_\_  
\_\_\_\_\_

Do you, or any affiliate, currently hold or in the past held, a license to deal in dogs, either local, state or federal? \_\_\_\_\_

If yes, please submit separate sheet with those numbers, dates and circumstances.

Have you ever trained a dog in Companion/Performance classes? \_\_\_\_\_

AKC degrees? \_\_\_\_\_

Have you ever shown a dog to its AKC Championship? \_\_\_\_\_

Please list your interest with regards the dog fancy.

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If approved for membership, please list your area of interest to work within the Club.

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The above information is solicited in order that the Club may be of service and does not in any way prejudice this application for membership.

SPONSORS: 1. \_\_\_\_\_ (signed)

2. \_\_\_\_\_ (signed)

Sponsors must be Club members in good standing for a minimum of two years. Two members of one family may not sign.

I, the undersigned applicant, attest that the above information is true.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

For LCA use:

Date received: \_\_\_\_\_ Date Approved: \_\_\_\_\_