

Return to:

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XOLOITZCUINTLI CLUB OF AMERICA ■ MEMBERSHIP APPLICATION OR ☐ RENEWAL FORM

FIRST NAME		LAST NAME
FIRST NAME		LAST NAME
JUNIOR NAME		JUNIOR LAST NAME
ADDRESS		CITY
STATE		ZIP
PHONE		EMAIL(s)
Xolo interests:	(Circle all that apply)	nail cont
Breeding / Exh	nibiting / Rescue / Education / Obedie	ence / Rally / Agility / Fancier / Pet Owner / Other
Tell us about y	our dogs:	
Number	Variety (HL or Coated)	Size
Kennel Name	(if applicable)	Website (if applicable)
Facebook Prof	file (if different from name above): _	
	ication is done primarily through our ification. Choose one please:F	Facebook Group. Please indicate your preferred Facebook EmailMail
1. Sponsor		Phone
2. Sponsor		Phone
Amount Enclosed		Method of Payment
Make checks pa	ayable to Xoloitzcuintli Club of Ameri d	ca (NOT XCA, please!).
Single member Family member		
1.) Read, fill, sig 2.) Read, sign &	(Forms mentioned below can be four	Breeder's Directory nd @ www.xoloitzcuintliclubofamerica.org) nerica (XCA) Web Listing Request Form nical Practices
	oin after October 1st will not be required privileges excluding voting rights until	d to pay again for the following year; such members will have the subsequent year.
Signature(s)		Date
		Date
By signing you	uare agreeing that you have read an	d agree to abide by the XCA Constitution and By-Laws
		and the state of t
Keturn to: 📙	KATHY LAWSON	

Rev. 11/2022