

VIZSLA CLUB OF NORTHERN NEW JERSEY

(Application for Membership)

To the Board of Directors: I apply for membership in the Vizsla Club of Northern New Jersey, Inc., and agree to support the Constitution and By-Laws of the Club:

To encourage high standards in Breeding, Training and Competing with Vizslas; and to promote the welfare of the Vizsla breed.

We Welcome New Members!

NAME: _____
STREET: _____
CITY/STATE _____ ZIP: _____
TELEPHONE: _____
EMAIL: _____

I OWN _____ VIZSLAS _____ MALES _____ FEMALES

**SINGLE MEMBERSHIP IS \$20.00 FAMILY MEMBERSHIP IS \$25.00
WE THANK YOU FOR ANY TROPHY DONATIONS AS WELL!

Please find enclosed: \$ _____ for membership for one year.
Trophy fund donation: \$ _____ Any amount is appreciated.

PAYMENT:
by check or PayPal

*****For PayPal, Go to www.vcnnj.com**
Select Membership Type, then Choose **Buy Now** for Membership,
and/or **Donate** for the Trophy Fund, you must choose this separately

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICATION:
Please Mail or EMAIL to : Carol Burjan, VCNNJ Treasurer
534 Old York Rd
Flemington, New Jersey 08822
(908-507-2479) cburjan1@gmail.com