



**THE PHAROAH HOUND CLUB OF AMERICA, INC.**

**APPLICATION FOR MEMBERSHIP**

**Membership Eligibility** "There shall be one type of membership open to all persons eighteen years of age and older who are in good standing with the American Kennel Club and who subscribe to the purposes of this Club. In addition, there shall be a non-voting junior membership open to all persons at least twelve years old and under eighteen years of age. A household membership will consist of two persons, eighteen years of age and older, each of which being entitled to voting privileges." *Note: In order to receive a household membership, both parties must initially apply as individuals. Once they are approved, their membership is moved to the household category. If you are interested in household, please indicate this by checking both individual and household in the "Type of Membership" box.*

<b>For Club Use Only</b>	
Number	_____
Signed COE Received	_____
Fees Received	_____
Scribe Published	_____
Approved	_____
Notified	_____

<b>Type of membership applying for:</b>	
<input type="checkbox"/>	Individual
<input type="checkbox"/>	Household
<input type="checkbox"/>	Junior

**Please type or print in ink.**

Mr./Mrs./Miss/Ms. \_\_\_\_\_

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

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

Occupation: _____	Membership Dues: \$25.00
Telephone Number (____) _____	Junior Member Dues: \$15.00
	Initiation Fee: \$20.00

E-mail Address: \_\_\_\_\_ Birth date: \_\_\_\_\_

Endorser Signature \_\_\_\_\_ Date \_\_\_\_\_  
(PHCA Member)

Print Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Endorser Signature \_\_\_\_\_ Date \_\_\_\_\_  
(PHCA Member)

Print Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

**I Hereby Agree To Abide By The Constitution, By-Laws and Code of Ethics of The Pharaoh Hound Club Of America, Inc., And The Rules Of The American Kennel Club. I Further Agree To Support The Club's Activities When Possible And To Protect And Promote The Advancement Of The Pharaoh Hound.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Applicant Name \_\_\_\_\_

Return the completed application, and a signed copy of the PHCA Code of Ethics, together with a check or money order for your initiation fee and first year dues to the Recording Secretary of the Pharaoh Hound Club of America, Inc.

**Sheila Hoffman, 121 Harmon Cove, Brighton, TN 38011**

**PLEASE MAKE CHECK or MONEY ORDER PAYABLE TO: PHCA, Inc.**

***NOTE:** As the process for approving your application for membership can take several months, the PHCA reserves the right to deposit your application's payment upon its receipt. However, such deposit does not automatically guarantee the approval of your membership application. If your application is denied, your payment will be timely refunded.*

Optional information which could be helpful to the Club

1. I currently own the following Pharaoh Hounds:

**Name:**

**AKC#**

_____	_____
_____	_____
_____	_____

2. I offer the following:

- ( ) Stud service
- ( ) Puppies for sale
- ( ) Adults for sale

3. I am currently a member of the following dog clubs:

\_\_\_\_\_

\_\_\_\_\_

4. I currently maintain a kennel. ( ) Yes Name of Kennel: \_\_\_\_\_ ( ) No

5. I would be willing to assist the Club in the following activity area(s):

\_\_\_\_\_

\_\_\_\_\_

6. Skills and professional talents:

\_\_\_\_\_

\_\_\_\_\_

7. Active in the following activities:  Conformation  Obedience  Agility  
 Lure coursing  Racing

Other: \_\_\_\_\_

\_\_\_\_\_

***THANK YOU FOR YOUR INTEREST IN THE PHARAOH HOUND CLUB OF AMERICA, Inc.***