



General Membership Application:

Name* _____

Email* _____

Phone No* _____

Address* _____

Do you own an Irish Wolfhound?* _____

If so, Please list Registered Names of your Hounds here:

Microchip Numbers

(optional) _____

By electronically signing this agreement; I certify that I am at least 18 years old and am applying for membership in the NIWA. I agree to abide by the rules and principles of the AKC & NIWA at all times. Please sign your name below and any additional information or comments are welcome.

Signature _____

Date: _____