

PAPILLON CLUB OF TULSA  
MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Kennel Name: \_\_\_\_\_

How Many Papillons do you currently own? \_\_\_\_\_

Do you intend to breed? \_\_\_\_\_  
YES NO

How many litters have you bred? \_\_\_\_\_

How many years have you been involved with Papillons? \_\_\_\_\_

Are you involved with any other breeds? \_\_\_\_\_ If yes, please describe (showing, breeding, etc.)  
YES NO

What talents and skills might you be able to offer to the Papillon Club of Tulsa?  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently or have you ever been a member of Papillon Club of America? \_\_\_\_\_  
YES NO

Please describe how you feel the Papillon Club of Tulsa can be of benefit to you.  
\_\_\_\_\_  
\_\_\_\_\_

If elected to membership, I agree to abide by the Papillon Club of Tulsa Code of Ethics, which I have read. (Available on Tulsapaps.org, bottom of home page).

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(NOTE: Sponsor's must be current members of not less than 3 months and their signatures must appear on this form.)

Memberships are \$10.00. Make checks payable to: **Papillon Club of Tulsa**

Mail with check to: **PCT Secretary, Dorothy Fain, 8001 W. 133St. S., Oktaha, OK 74450**

This application will be presented to the membership for consideration and voted on at the subsequent meeting.