



WPBTCA



WORKING PIT BULL TERRIER CLUB OF AMERICA

Name: _____ Spouse: _____

Address: _____

City/State/Zip: _____

Occupation: _____ Home Phone _____ Business Phone _____

Email Address: _____

Kennel Name (if applicable) _____

List dogs currently owned, also list titles from other organizations (attach supplemental sheet if needed)
(Also please include a 3 or 4-generation pedigree for each dog)

- | | | | | | |
|-----|-------|-----|-------|--------------|-------|
| (1) | _____ | Sex | _____ | Registry/No. | _____ |
| (2) | _____ | Sex | _____ | Registry/No. | _____ |
| (3) | _____ | Sex | _____ | Registry/No. | _____ |
| (4) | _____ | Sex | _____ | Registry/No. | _____ |
| (5) | _____ | Sex | _____ | Registry/No. | _____ |
| (6) | _____ | Sex | _____ | Registry/No. | _____ |
| (7) | _____ | Sex | _____ | Registry/No. | _____ |

List your club affiliations: _____

List your interest and experience: _____

What skills do you have that could be of benefit to the WORKING PIT BULL TERRIER CLUB of America?

Dues (Please check one box)

- | | |
|-----------------------------------|-----------|
| Membership Single (United States) | \$35 [] |
| Membership Single (Other Country) | \$40 [] |
| Membership Family (United States) | \$45 [] |
| Membership Family (Other Country) | \$50 [] |
| Membership Charter Life Time | \$255 [] |

- 1) I'm over 18 years of age
- 2) If accepted, I agree to abide by the constitution and by-laws of The WORKING PIT BULL TERRIER CLUB of America

Signature: _____ Date: _____

Spouse (or other family member) Signature: _____

Please make check payable to WPBTCA and mail to:

Amanda Tsampas
 c/o WPBTCA
 5406 Melvin Ct.
 Woodbridge, VA 22193



The WPBTCA is the only club in the AWDF for the American Pit Bull Terrier

