

XOLOITZCUINTLI CLUB OF AMERICA MEMBERSHIP APPLICATION OR RENEWAL FORM

FIRST NAME	LAST NAME
FIRST NAME	LAST NAME
JUNIOR NAME	JUNIOR LAST NAME
ADDRESS	CITY
STATE	ZIP
PHONE	EMAIL(s)
Xolo interests: (Circle all that apply)	Email cont
Breeding / Exhibiting / Rescue / Educa	tion / Obedience / Rally / Agility / Fancier / Pet Owner / Other
Tell us about your dogs:	
Number Variety (HL or Coa	ated)Size
Kennel Name (if applicable)	Website (if applicable)
Facebook Profile (if different from nam	ne above):
	through our Facebook Group. Please indicate your preferred ease:Facebook EmailMail
1. Sponsor	Phone
2. Sponsor	Phone
Amount Enclosed	Method of Payment
Make checks payable to Xoloitzcuintli C l	lub of America (NOT XCA, please!).
Single member - \$28.00 Family member - \$30.00	
(Forms mentioned below	
Members who join after October 1st will n full membership privileges excluding votin	ot be required to pay again for the following year; such members will have ng rights until the subsequent year.
Signature(s)	Date
	Date
	ave read and agree to abide by the XCA Constitution and By-Laws

7175 JENKINS AVE, HESPERIA, CA 92345 azuwyn@hotmail.com 760-220-7708 Rev. 11/2022

KATHY LAWSON

Return to: