



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 / Education / Obedience / Rally / Agility / Fancier / Pet Owner / Other

Tell us about your dogs:

Number _____ Variety (HL or Coated) _____ Size _____

Kennel Name (if applicable) _____ Website (if applicable) _____

Facebook Profile (if different from name above): _____

Club communication is done primarily through our Facebook Group. Please indicate your preferred method of notification. Choose one please: _____ Facebook _____ Email _____ Mail

1. Sponsor _____ Phone _____

2. Sponsor _____ Phone _____

Amount Enclosed _____ Method of Payment _____

Make checks payable to **Xoloitzcuintli Club of America (NOT XCA, please!)**.

Single member - \$28.00

Family member - \$30.00

Inclusion on Breeder's Directory

(Forms mentioned below can be found @ www.xoloitzcuintliclubofamerica.org)

- 1.) Read, fill, sign & return the [Xoloitzcuintli Club of America \(XCA\) Web Listing Request Form](#)
- 2.) Read, sign & return the [Code of Recommended Ethical Practices](#)
- 3.) Add an extra \$30.00 to your membership amount

Members who join after October 1st will not be required to pay again for the following year; such members will have full membership privileges excluding voting rights until the subsequent year.

Signature(s) _____ Date _____

_____ Date _____

By signing you are agreeing that you have read and agree to abide by the [XCA Constitution and By-Laws](#)

Return to:

KATHY LAWSON
 7175 JENKINS AVE, HESPERIA, CA 92345
azuwyn@hotmail.com 760-220-7708

Rev. 11/2022