



THE GREAT DANE CLUB OF AMERICA
Lynda Moriarty, Membership Chairman
28933 Post Oak Run
Magnolia, TX 77355
Mor427@sbcglobal.net

NAME OF APPLICANT _____

SPONSOR'S NAME _____

Please complete this sponsorship form for the applicant and return it at your earliest convenience. All information will be evaluated by the Membership Committee – please give as much information as possible.

1. I have known the applicant for ____ years (A minimum of two years is required).
2. I [have] [have not] been at the applicant's home.
 - a. I [have] [have not] seen the facilities the applicant maintains for the dogs listed on this application.
 - b. If I have seen the facilities, in my opinion, the dogs [are] [are not] well cared for.
 - c. If I have not seen the home or facilities, I [have] [have not] seen photos or videotapes.
3. I [can] [cannot] attest that the applicant does not traffic in dogs or sell to pet shops.
4. I [can] [cannot] attest that the applicant is supportive of Great Dane Rescue.
5. I [have] [have not] observed the applicant at Matches and Dog Shows
6. I [do] [do not] consider the applicant to practice good sportsmanship.
7. I believe the applicant [is] [is not] interested in the welfare and the advancement of the breed.
8. The applicant [is] [is not] interested in learning and following the Breeders' Code of Ethics and is cognizant of the Color Code of Ethics of the Great Dane Club of America, Inc.
9. Has the applicant had any problems with all-Breed Clubs, GDCA Affiliate Clubs or individuals that might affect this application? [Yes] [No]
 - a. If yes, please elaborate on the reverse side of this page.
10. I [have] [have not] discussed the contributions the applicant might make to the Club. If I have, I feel the applicant would be of assistance as follows: _____

11. Please give any additional information that you feel might help the Membership Committee recommend approval of the applicant. _____

12. I have [] have not [] been a member of the Great Dane Club of America for 2 years.
13. Sponsor must review the applicants completed membership application. ****REQUIRED****
I have [] reviewed the completed membership application.

SIGNED: _____ DATE: _____

Note 1: PLEASE USE THE REVERSE SIDE OF THIS FORM TO CONTINUE ANY COMMENTS OR PROVIDE ADDITIONAL INFORMATION ON THE APPLICANT.

Note 2: THE MEMBERSHIP COMMITTEE AND THE BOARD OF DIRECTORS OF THE GDCA WILL KEEP COMMENTS IN CONFIDENCE.