



Date _____

Amt. paid _____

Check # _____

Membership Application

PO Box 342
Bondurant, IA 50035 Phone: 515-967-6564
Web: www.heartlandgreyhoundadoption.org

New _____ If Renewal, Membership # _____

Name (First and Last) _____

One name only; person who will be listed as member and will have voting rights at HGA meetings

Address 1 _____

Address 2 _____

City, State, Zip _____

Phone # (opt.) _____ Cell # (opt.) _____

Email Address (opt.) _____

Email Address #2 (opt.) _____

Family members

Spouse / Partner _____

Children; Names and ages _____

Greyhounds

Other Pets – Species/Breed - Name

Veterinarian _____

Address 1 _____

Address 2 _____

City, State, Zip _____

Phone # _____

All information on this form will be used by HGA only; your information will not be sold or released to any other organization.