



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.