INTERNATIONAL WEIGHT PULL ASSOCIATION, INC

Provisional Membership Form

NAME_____
ADDRESS _____
CITY _____ STATE/PROV _____
POSTAL CODE_____COUNTRY _____
PHONE NUMBER _____
EMAIL ADDRESS _____

DATE ISSUED_____AMT PAID $_____

_____
(Signature of Liaison Officer)

Make check payable to the IWPA. U.S. funds $5 per dog.

IWPA's Copy to be sent to the Membership chairperson
07/26 JW

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INTERNATIONAL WEIGHT PULL ASSOCIATION, INC

Provisional Membership Receipt

NAME_____
ADDRESS _____
CITY_____STATE/PROV _____
POSTAL CODE_____COUNTRY _____
PHONE NUMBER_____
EMAIL ADDRESS_____

DATE ISSUED_____AMT PAID $_____

_____
(Signature of Liaison Officer)

Make check payable to the IWPA. U.S. funds $5 per dog.

Provisional Member's Copy
07/26 JW