

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

06/25 RR

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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)

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Provisional Member's Copy

06/25 RR