



NATIONAL IRISH WOLFHOUND
ASSOCIATION

BREEDERS APPLICATION:

Name* _____

Email* _____

Phone No* _____

Address* _____

Website Address* _____

Kennel Name* _____

How long have you been a Breeder?* _____

How many litters have you whelped?* _____

Are you willing to provide your Contract for NIWA review?* _____

By electronically signing this agreement; I certify that I am at least 18 years old and am applying for membership in the NIWA. I agree to abide by the rules and principles of the AKC & NIWA at all times. Please sign your name below and any additional information or comments are welcome.

Signature _____

Date: _____