NEW ORLEANS PUPS AND HANDLERS ASSOCIATION



MEMBERSHIP APPLICATION

Last Name			First Name			Pup Name/Title		
Phone		City and State			Email			
Are you 18 or older?		Y / N		Are you 21 or older?		Y / N		
Which level of membership are you interested in			?		Alpha	Beta	Not Sure	
How do you identify? (Circle all that apply)								
Male	Female		Transgender	Puppy		Beta	Omega	Handler
Trainer	Owner	Kitten	Sir	boy	Supporter	Other		
What is huma	n puppy play abou	ut for you?						
				110				
vvnat are your	thoughts and fee	ling about the Pu	ip Community o	verali?				
What is your f	avorite pup toy, ar	nd why?						
	1 1 7/							
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Please describe any charity or community work you have been involved with.	
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How did you hear about NOLAPAH?	
Why do you want to join NOLAPAH?	
Villy do you want to join NOL/11 /111:	
What else would you like us to know about you?	
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I hereby attest that the above information is true to the best of my knowledge.	
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Signed	Date
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