

**HEARTLAND COURSING ASSOCIATION  
MEMBERSHIP APPLICATION**

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Name: \_\_\_\_\_  
(Names of all who are wishing to become members when a family membership is desired)

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Sighthounds I Own: \_\_\_\_\_

How I Heard About HCA? \_\_\_\_\_

Summarize Any Previous Dog Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I Would Like a...

Single Membership - \$10/Year

Family Membership - \$15/Year

***I agree to abide by the Constitution and By-Laws of HCA  
and the Rules of the American Sighthound Field Association.***

HCA Club Member Sponsors

Member #1 \_\_\_\_\_

Member #2 \_\_\_\_\_

*Send completed application with check payable to HCA to:*

**Scott Hurlbert, HCA Treasurer  
4308 Troup Ave, Kansas City, KS 66102**

***For Club Use Only***

(affirmative vote of 3/4 of membership present & voting)

1st Reading Date: \_\_\_\_\_

2nd Reading Date: \_\_\_\_\_



