

West San Jose Racing Pigeon Club  
New Member Application

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I agree to abide and follow WSJRPC and BCC rules and guidelines

\_\_\_\_\_  
Signature

Please complete the form and send to:

Via email: [races@yahoo.com](mailto:races@yahoo.com)

Via Mail: 101 First Street, Suite 254, Los Altos, CA 94022