

Iron Range Dog Training Club

2018 MEMBERSHIP FORM

Membership applications will not be accepted with incomplete information. DUES for the year must accompany the application. Applicants under 18 years of age must have parent's signature on application.

By completing this form you agree to abide by the IRDTC constitution & bylaws, and the rules & regulations of the American Kennel Club

Name _____
 Address _____ City _____ State ____ Zip _____
 Phone Number _____ E-mail _____
 Occupation _____ Dog Breed owned _____

Please check all that apply; (AKC Events in the past 2 years)

___ Exhibitor: ___ Conformation ___ Obedience ___ Rally ___ Agility ___ Other
 ___ Breeder: Indicate # of litters whelped within the past THREE years _____
 ___ Instructor: ___ Conformation ___ Obedience ___ Rally ___ Agility ___ Other
 ___ Judge ___ Conformation ___ Obedience ___ Rally ___ Agility ___ Other
 ___ Junior (<18)
 ___ Interested dog owner

Area of Interest or Committees on which you would like to serve:

___ Educational Programs	___ Performance Events	___ Breeder Referral
___ Match/Show Organization	___ Community Service	___ Publicity
___ Fund Raising Activities	___ Trophies & Awards	___ Hospitality
___ Social Events	___ Other;	___ Other;

Do you have any special skills or talents that may be of benefit to the club? _____ (photographer, artist, writer, computer skills,etc.) If so list:

There are two types of membership open to all persons over 18 years of age and who are in good standing with the American Kennel Club.

Regular members enjoy all club privileges including the right to vote and hold office. *Associate* members have all rights and privileges except the right to vote and must pay for training classes.

DUES:

New member ___ Yearly Renewal ___ Regular ___\$35.00 Associate ___\$25.00 ___Family \$50

Signature: _____ Date: _____

Sponsor: _____ Sponsor: _____

Mail completed application and dues to: (checks made payable to Iron Range Dog Training Club)

IRDTC
 Attn: Membership/Treasurer
 P.O. Box 14
 Virginia, MN 55792

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Date Received: _____ Dues Paid:\$ _____ 1st Reading: _____

Date of Vote: _____ Action: ___ Accepted ___ Denied Notification Date: _____

Vaccination Records received: _____

