

HIGH PLAINS KENNEL CLUB

MEMBERSHIP APPLICATION

Please fill out this form completely and give/send, along with your dues, to

Barbara White 5450 E Willow Creek Rd Castle Rock 80104-9769.

The club meets on the first Saturday of each month. For meeting times & location

please check our website www.highplainskennelclub.org or email the club

Secretary, Traci Anderson at Kaydells@msn.com.

Name: _____ Phone: _____

Name of second individual if applying for a family membership: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Phone: _____

Type of membership (please check one of the following):

_____ Individual (\$12/yr) _____ Associate (\$8/yr) _____ Family (\$15/yr)

What breed(s) of dogs do you own? _____

What are your interests in the dog fancy? (Check all that apply)

___ Conformation

___ Weight Pull

___ Agility

___ Trainer

___ Coursing

___ Breeding

___ Rally

___ Pet Owner

___ Obedience

___ Rescue

Please list all other clubs and associations that you belong to and any offices you hold or have held (this includes show committees, show chairperson, stewarding, newsletter editor, etc.):

Please have two sponsors for your membership sign here:

_____ **Date:** _____

_____ **Date:** _____

ALL prospective members' applications will be read at the next club meeting and must be voted in by the club.