



MEMBERSHIP APPLICATION

Member(s) Name _____ Family Members _____

Address _____

City

State

Zip

Phone #

Email address

Cell Phone #

NAHRA Membership Number

Are you (family member) a certified NAHRA/AKC judge? Yes No

How many dogs(s) do you have? _____

Breed(s) _____

Club dues are \$25.00 per year for individual or family. Membership period is from February 1 through January 31. If you have completed this form in the past it is not necessary to complete a second time unless there are changes that should be noted in our database (if minor changes just include them with your dues). If you have an email address, please include it and keep us updated of any changes. We like to send as much club information as possible on the Internet. We save some money on postage. If you do not have email, all information will be sent by regular mail.

Club Use Only

Please send Completed application to:

Jim Reeves

105 Evans Main Street

Oskaloosa, IA 52577

Shadowmyst203@aol.com

Fax 641-660-7059

Date Approved by Board _____

Signature of Board President _____