



Membership Application

Mail application with payment to:
RMDS, Attn: Treasurer, PO Box P, Sheridan, WY, 82801
Make checks payable to: RMDS

Type of Membership
Individual \$25 _____ Family \$40 _____ Junior \$15 _____
(Junior members included with Individual or Family)

NAME: _____

SPOUSE/PARTNER: _____

JUNIOR MEMBER: _____ Age: _____

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MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL ADDRESS: _____

DOG(S) NAME/BREED(S):

INTERESTED IN: _____

For Office Use:

Date dues paid _____ Check # _____ Cash _____