



Membership Application

Mail application with payment to:
RMDS, Attn: Treasurer, PO Box 30192, Billings MT 59107
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: _____

Circle Interests: Agility Obedience Rally Flyball Herding Freestyle

Animal Assisted Therapy Search and Rescue Earthdog Tracking Nosework

Hiking Lure Coursing Dock Diving Disc Sled Dog Barnhunt

Other _____ Other _____ Other _____

For Office Use: Date dues paid _____ Check # _____ Cash _____