

MEMBERSHIP APPLICATION

Member(s) Name				Family Members			
Address							
City	State	Zip	Phone #				
Email address	5		Cell Phone #				
NAHRA Mem	bership Num	ber					
Are you (fami	ily member) a	certified NA	AHRA/AKC judge?	Yes	No		
How many do	og(s) do you h	ave?					
Breed(s)							
January 31. If there are cha you have an e	f you have connges that shoemail address, ion as possible	npleted this uld be noted please inclue on the Inte	s form in the past it i d in our database (if ude it and keep us u ernet. We save som	s not neces minor char pdated of a	ssary to con nges just inc nny changes	m February 1 through aplete a second time unloclude them with your due. We like to send as much found to mail,	es). If ch
			Club Use (Only			
Please send C	Completed app	olication to:					
Vickie Gamble							
1526 156 th Av							
Knoxville, IA 5							
Flatbush6@g	man.com						
Date Approved by Board Signature of Board President							