

MEMBERSHIP APPLICATION

NAME:			
ADDRESS:			
	ZIP:		
PHONE: HOME ()		WORK (optional) ()	
EMAIL ADDR	ESS:		
Birthdate (optio	nal): Month	Day	
(Provid	de only if you are willin	g to have this information s	shared in the ICDOC newsletter in your birthday
month.	. The newsletter is circu	llated via e-mail to ICDOC	members only and is not posted on the internet.
Application Date:		1 st Reading:	2 nd Reading:
INITIATION:	Single = \$10.00	Family = \$10.00	Junior = \$0
DUES:	\$20.00 per member/per year		
	\$10.00 per junior/per	year	
TOTAL FEES I	PAID:		
What breed(s) o	of dog(s) do you own/tra	ain?	
Titles earned?			
By signing, you	agree to abide by the I	CDOC Bylaws which are po	osted on the ICDOC website Home page at
http://icdoc.org	and the rules of the A	merican Kennel Club. You	are encouraged to
read the Bylaws	s before the 2 nd reading	of your application.	
SIGNED:			
SPONSORS: (1)	(2)	