



APPLICATION FOR MEMBERSHIP RENEWAL

Name(s) _____
(List all members)

Address _____

City _____ State _____ Zip _____ Phone: _____

E-mail: _____

Breed of Dog(s) _____

Annual dues accompanying this application. (Please circle one of Membership Categories below))

Regular (individual age 18 years or older) \$15

Household (2 adult members age 18 years or older residing in same household) \$20

Junior (person 10-17 years of age. They cannot vote or hold office) \$10

Associate (members entitled to all club privileges except voting and holding office) \$10

Please check one:

_____ I agree to accept electronic notifications delivered to my email listed above.

_____ I prefer to have all notifications delivered by US Mail to the address listed above.

I (we) hereby apply to renew membership in the Red River North Dog Obedience Club Inc., and agree to abide by the Constitution and By-Laws of the Club and the rules of the American Kennel Club.

Member Signature _____ Date _____

Member Signature _____ Date _____

Birthday(s) (Month & day only) _____ (Published in Paw Prints)
(All members)

Please mail renewal and fees to:

Attn: Treasurer

RRNDOC

PO Box 863

Fargo, ND 58107-0863