



RECOGNIZED GERMAN SHEPHERD DOG CLUB OF AMERICA REGIONAL CLUB

MISSOURI

Cass County
Clay County
Platte County
Jackson County

KANSAS

Johnson County
Wyandotte County
Leavenworth County

MEMBERSHIP APPLICATION

NAME _____	DATE _____
ADDRESS _____	HOME _____
PHONE _____	
CITY-STATE-	
ZIP _____	
E-MAIL _____	
SPONSORED BY:	
(1) _____	(2) _____

THE FOLLOWING QUESTIONS ARE TO HELP US BECOME ACQUAINTED WITH YOU AND YOUR INTERESTS

(1) Do you presently own a German Shepherd Dog? _____ How Long? _____

(2) What other dog clubs have you/do you belong to? _____

(3) What offices did you hold or committees did you serve on? _____

(4) Please indicate which of the following committees/activities you'd be interested in participating in.

___ Advertising ___ Budget & Finance ___ By-Laws

- | | | |
|---|--|--|
| <input type="checkbox"/> Club Promotion | <input type="checkbox"/> Conformation Training Classes | <input type="checkbox"/> Drill |
| <input type="checkbox"/> Team/Parades | | |
| <input type="checkbox"/> Herding | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Library |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Obedience Classes |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Puppy Referral | <input type="checkbox"/> Show Committee |
| <input type="checkbox"/> Ways & Means | <input type="checkbox"/> Year-end Awards Tabulations | |

(5) Do you have any special hobbies, talents, interests which could be utilized by any of the above committees? (Photography, writing, accounting skills, etc.) _____

(6) What benefit would you like Club membership to provide you? _____

(7) Have you ever been suspended from AKC privileges? _____ Are you in good standing with AKC at the present time? _____

(8) Non-doggy information you'd like to share with us. (For example: marital status, family members, occupation, other hobbies/interests.)

Your Signature _____
Date _____

Membership dues are \$20 for a single membership and \$30 for a family membership, payable at the time this membership application is submitted.

Return to either one of the following Membership Co-Chairs:

Betty Johnson
317 North Drive
Marshall MO 65340
BJBUIE@aol.com

or

Chris Kimerer
12917 Orrick Rd.
Excelsior Springs MO 64024
chris@tesofkc.net

<p>DUES CHECK SUBMITTED ON _____ DATE</p> <p>DATE OF FIRST READING _____ DATE OF SECOND READING _____</p> <p>If not approved for membership, indicate reason _____</p>
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Signed _____	

President	Recording Secretary