

FLATHEAD KENNEL CLUB OF MONTANA, INC.
PO Box 2547, Kalispell, MT 59904

MEMBERSHIP APPLICATION

Name _____

Address _____ State _____ Zip _____

Phone # _____ (W) _____ (C) _____

E-Mail _____

What breeds do you currently own _____ # of dogs _____

How did you become interested in purebred dogs & what is your prior experience with dogs:

Are you a breeder? _____ Exhibitor? _____

How would you be interested in participating in the club(e.g. matches, public education, committees, fund raising, etc?) _____

Membership application fee (check one):

\$27.50 family _____ \$20.00 single _____ \$12.50 associate _____ (no voting privileges)

I certify that to the best of my knowledge I am in good standing with the AKC and agree to abide by the constitution and by-laws of the Flathead Kennel Club of Montana, Inc.

Signed: _____ Date: _____

Sponsored By _____ & _____

Date Applied _____ Date of 1st reading _____ Date of 2nd reading _____

Approved/Declined _____ Date _____

Secretary Signature _____