

# Iron Range Dog Training Club 2020 MEMBERSHIP FORM

Membership applications will not be accepted with incomplete information. DUES for the year must accompany the application. Applicants under 18 years of age must have parent's signature on application.

**By completing this form you agree to abide by the IRDTC constitution & bylaws, and the rules & regulations of the American Kennel Club**

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Dog Breed owned \_\_\_\_\_

**Please check all that apply; (AKC Events in the past 2 years)**

\_\_\_\_ Exhibitor: \_\_\_\_ Conformation \_\_\_\_ Obedience \_\_\_\_ Rally \_\_\_\_ Agility \_\_\_\_ Other  
\_\_\_\_ Breeder: Indicate # of litters whelped within the past THREE years \_\_\_\_\_  
\_\_\_\_ Instructor: \_\_\_\_ Conformation \_\_\_\_ Obedience \_\_\_\_ Rally \_\_\_\_ Agility \_\_\_\_ Other  
\_\_\_\_ Judge \_\_\_\_ Conformation \_\_\_\_ Obedience \_\_\_\_ Rally \_\_\_\_ Agility \_\_\_\_ Other  
\_\_\_\_ Junior (<18)  
\_\_\_\_ Interested dog owner

**Area of Interest or Committees on which you would like to serve:**

____ Educational Programs	____ Performance Events	____ Breeder Referral
____ Match/Show Organization	____ Community Service	____ Publicity
____ Fund Raising Activities	____ Trophies & Awards	____ Hospitality
____ Social Events	____ Other;	____ Other;

Do you have any special skills or talents that may be of benefit to the club? \_\_\_\_\_ (photographer, artist, writer, computer skills, etc.) If so list:

There are three types of membership open to all persons over 18 years of age and who are in good standing with the American Kennel Club.  
*Individual* members enjoy all club privileges including the right to vote and hold office. *Associate* members have all rights and privileges except the right to vote and must pay for training classes.  
*Household*: 2 adult members of your household living at the above residence.

**DUES:**

New member \_\_\_\_ Yearly Renewal \_\_\_\_ Individual \_\_\_\_ \$35.00 Associate \_\_\_\_ \$25.00 Household \_\_\_\_ \$50

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Mail completed application and dues to: (checks made payable to Iron Range Dog Training Club)  
IRDTC  
P.O. Box 14  
Virginia, MN 55792

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Date Received: \_\_\_\_\_ Dues Paid: \$ \_\_\_\_\_ 1<sup>st</sup> Reading: \_\_\_\_\_

Date of Vote: \_\_\_\_\_ Action: \_\_\_\_ Accepted \_\_\_\_ Denied Notification Date: \_\_\_\_\_

Vaccination Records received: \_\_\_\_\_

