



**HIGH PLAINS KENNEL CLUB  
MEMBERSHIP APPLICATION**

Please fill out this form completely and give/send, along with your dues, to

**Barbara White 5450 E Willow Creek Rd Castle Rock 80104-9769 .**

The club meets on the first Saturday of each month. For meeting times & location, email  
snopeakmalamutes@gmail.com

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of second individual if applying for a family membership: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Please Print:**

**Type of membership (please check one of the following):**

\_\_\_\_\_ Individual (\$12/yr) \_\_\_\_\_ Associate (\$8/yr) \_\_\_\_\_ Family ( \$15/yr)

**What breed(s) of dogs do you own?** \_\_\_\_\_

**What are your interests in the dog fancy? (Check all that apply)**

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Conformation | <input type="checkbox"/> Obedience |
| <input type="checkbox"/> Agility      | <input type="checkbox"/> Breeding  |
| <input type="checkbox"/> Trainer      | <input type="checkbox"/> Pet owner |
| <input type="checkbox"/> Rally        | <input type="checkbox"/> Rescue    |

**Please list all other clubs and associations that you belong to and any offices you hold or have held (this includes show committees, show chairperson, stewarding, newsletter editor, etc.):**

**Please have two sponsors for your membership sign here:**

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

\_\_\_\_\_ Date: \_\_\_\_\_ ALL prospective members

applications will be read at club meeting and will be voted in by the club.