



Application for Membership Renewal

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-Mail _____

Breed of Dog _____

Annual dues accompanying this application, (Please circle one).

Individual \$15 Family \$20

Associate \$10 Junior (10-17) \$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.

Signature _____ Date _____

Birthday: (Month and day only) _____ (published in Paw Prints)

Please mail renewal and fees to:

RRNDOC
Attention: Secretary
PO Box 863
Fargo, ND 58107-0863