

Papillon Club of Iowa

Membership Application

- \$20.00 Regular (Individual) - Open to any person 18 years of age and older.
- \$30.00 Household - Two (2) adult members 18 years of age and older residing in the same household.
- \$10.00 Associate - Offered to individuals 18 years of age or older who live outside of the club's area and also offered to any individual who live in the club's area but are not active.
- \$10.00 Junior- Open to children between the ages of 10 and 17 years.

NAME _____

Please include household member below

NAME _____

KENNEL NAME _____

ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

E-MAIL ADDRESS _____

Do you own Papillons: Yes ___ No ___ Number of Papillons in your household? _____

Are they registered with AKC: Yes ___ No ___ How long have you owned Paps? _____

Do you have other breeds: Yes ___ No ___ Number and type of other breeds _____

Do you breed Paps? _____ Other breeds? _____

Do you offer puppies for sale? Yes ___ No ___ List breeds _____

Number of Pap litters whelped in last two years _____

Do you offer stud service? _____

Do you belong to other dog Clubs? ___ List _____

Offices held _____

Do you show in AKC Events? _____ Other Events i.e.UKC? _____

If so list events _____

At how many shows a year do you exhibit? _____

What titles have you achieved on your dogs? _____

Circle your areas of interest: Conformation, Obedience, Rally, Agility, Tracking, Rescue, Breeding, Other _____

Why do you want to be a member of the Papillon Club of Iowa? _____

What contributions do you feel you can make to the club? _____

- I would like to receive club notices and publications by email
- I do not want my email printed in the PCI roster.
- I do not want my phone number printed in the PCI roster.

I wish to become a member of the Papillon Club of Iowa and agree to abide by the Constitution and By-laws of this Club and the rules of the American Kennel Club. I certify that I am 18 years of age or older. I also understand that with membership in the Papillon Club of Iowa I have the privilege to participate in all club activities and in the work that is required at all events.

Signature _____ Date _____

Mail completed application along with a check or money order payable to: Papillon Club of Iowa
Beth Shonts
1479 N. W. 80th St.
Clive, IA 50325

Date Received:	Accept <input type="checkbox"/> Reject <input type="checkbox"/> Date:
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