



Please check applicable box

NEW MEMBERSHIP	<input type="checkbox"/>
RENEWAL MEMBERSHIP	<input type="checkbox"/>

Please send completed form and fees to U.S.A. Treasurer:

Judy Boles
 7820 E. Emigration Canyon
 Salt Lake City, UT 84108-1721

NAME OF APPLICANT(S): _____
(For a Family Membership, please include names of other family members in household to be included)

MAILING ADDRESS: _____
Street or P.O. Box City State Zip

TELEPHONE: (____) _____ CELL PHONE: (____) _____

E-MAIL ADDRESS: _____

TYPE OF MEMBERSHIP: Individual ___/ Family ___/

ANNUAL MEMBERSHIP FEES: Individual \$25.00 Family \$30.00 For the calendar year

TOTAL AMOUNT REMITTED: \$ _____ CASH
 CHECK Payable to Utah Stockdog Association

OTHER INFORMATION:

- Preferred method of delivery for newsletters and other information:
 _____ Prefer postal mailings _____ Prefer e-mails
- Dog breed(s), name(s)

- Interests: ___ clinics ___ lessons ___ trials ___ practice/work days ___ all
- Experience level: ___ none ___ little ___ intermediate ___ advanced ___ semi-pro ___ pro

In applying for membership in the Utah Stockdog Association, I agree to abide by the goals and purposes of the organization as set forth in its Articles of Incorporation and Bylaws and by such rules and regulations which may from time to time be adopted by a majority vote of its members.

DATE OF APPLICATION: _____ Signed _____
Principal Applicant

Spouse or other adult family member living in same household applying under Family membership