



American Lhasa Apso Club Membership Application

Annual Dues: Individual Membership \$35; Household Membership \$45 (Two people residing at same address) According to ALAC By-Laws, applicants must be at least 18 years old. Dues year: Sept. 1 to Aug. 31. Applicants joining in June, July, and August are considered paid for the upcoming club year.

Note: If application is not accepted, dues payment will be refunded. Membership dues and all applicable fees must be included with the application.

Please print unless asked to sign.

Check all that apply: Fancier _____ Exhibitor _____ Breeder _____

First Applicant _____

Second Applicant (must reside at same address) _____

Street address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone _____ Fax _____

E-mail _____ Website _____

Kennel Name _____ Occupation(s) of Applicant(s) _____

Name(s) of Regional Lhasa Apso Club, All Breed Club, and/or Obedience Club to which you belong: _____

➔ Sponsorship is required and the sponsorship section must be filled out completely and signed by both sponsors for the application to be considered. Sponsors will be contacted to verify their sponsorship. Sponsors cannot be members of the same household or members of ALAC for less than one year.

Names and contact information of two ALAC Members who agree to sponsor this (these) applicant(s):

Printed Name _____ Signature _____

E-mail address and phone number _____

Printed Name _____ Signature _____

E-mail address and phone number _____

I have read the Code of Ethics. If accepted for membership, I agree to abide by the American Lhasa Apso Club By-Laws and Code of Ethics and the rules of the American Kennel Club.

Signed: _____ Date _____

➔ Mail signed application, and a **\$35 (or \$45) check or money order** payable to ALAC for dues to Joyce Johanson, Membership Chair, 126 W. Kurlene Drive, Macomb, IL 61455. **Applicants from outside the US, remember to add the appropriate postage fee to your dues check.** Applications may take two months to process.
Questions?? Contact Joyce at JK-Johanson@wiu.edu

If you wish to pay by credit card, please include the following information. (A \$5.00 processing charge will be added.)

Visa MasterCard CC # _____ CV2 3-digit # _____ Exp date _____

Cardholder's printed name _____ Amount to be charged _____

Cardholder's signature _____