

Glacial Lakes Greater Swiss Mountain Dog Club Membership Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Associate - \$10/year
 Regular - \$15/year
 Household - \$20/year

Please enclose your application with a check payable to **Glacial Lakes Greater Swiss Mountain Dog Club** and submit to:

Karissa Richardson
Membership, GLGSMDC
153 Butler Ave E
West St. Paul, MN 55118

I (we) agree to abide by the Constitution and Bylaws of the Glacial Lakes Greater Swiss Mountain Dog Club, and follow the rules of the American Kennel Club.

Signature(s) _____

Interests (Please check all that apply)

Interest Area	Previously Involved	Currently Involved	Future Involvement
Breeding			
Conformation			
Obedience			
Agility			
Herding			
Carting\Freight			
Schutzhund			
Tracking			
Weight Pulling			
Search & Rescue			
Therapy			
Pack Dog			
Other (Specify)			

If you are interested in assisting our club in any of the following areas, please circle the appropriate topic:

Publicity Newsletter Fun Matches Web Development