



**2021 MEMBERSHIP RENEWAL**  
ANOKA COUNTY MINNESOTA KENNEL CLUB

Nichol Owen  
Membership Chair  
5243 Irondale Rd  
Mounds View, MN 55112  
(651) 815-1246  
[membership.acmkc@gmail.com](mailto:membership.acmkc@gmail.com)

Once again it is time to pay our annual dues which are due on or before April 1<sup>st</sup>. Please complete the form below and send it with your payment to Nichol Owen at the address above. The Anoka County Minnesota Kennel Club thanks you for your support.

Please complete the following:

Name (Please Print): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please indicate (X) which of the following activities you are willing to assist:

Advertising: \_\_\_\_\_ Club Officer or Board: \_\_\_\_\_ Programs: \_\_\_\_\_ Shows & Trials: \_\_\_\_\_  
Training: \_\_\_\_\_ Website: \_\_\_\_\_ Other: \_\_\_\_\_

Please indicate the breed and number of dogs you own:

Breed: \_\_\_\_\_ Dogs \_\_\_\_\_ Bitches \_\_\_\_\_  
Breed: \_\_\_\_\_ Dogs \_\_\_\_\_ Bitches \_\_\_\_\_  
Number of litters bred in the last two years: \_\_\_\_\_

**I agree to receive future correspondence via e-mail at the above address: Yes \_\_\_ No \_\_\_**

**Option: Please indicate (X) to receive Messenger \_\_\_ or text \_\_\_ reminders the day of the meeting.**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

A check or cash for one year's dues must accompany this application. Please make checks payable to the Anoka County Minnesota Kennel Club (ACMKC). Return this application and dues to Nichol Owen, Membership Chair, 5243 Irondale Rd, Mounds View, MN 55112. If you have any questions, please contact Nikki at (651) 815-1246.

Annual dues are as follows:

1. Individual Membership: \$12.00 \_\_\_\_\_
2. Family Membership: \$15.00 \_\_\_\_\_ (2 adults over 18)
3. Junior Membership: \$5.00 \_\_\_\_\_
4. Associate Membership: \$10.00 \_\_\_\_\_ (Single or Family)

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*Completed by Membership Chairperson:*

Paid by \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Received by Treasurer \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_