



**2021 MEMBERSHIP APPLICATION**  
**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)

Date of Application: \_\_\_\_\_

Applicant Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please note the names of any other dog club to which you belong: \_\_\_\_\_

**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.**

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 HEREBY MAKE APPLICATION TO THE ANOKA COUNTY MINNESOTA KENNEL CLUB AND  
AGREE TO BE GOVERNED BY ITS CONSTITUTION AND BY-LAWS:**

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

Club Sponsor #1: \_\_\_\_\_

Club Sponsor #2: \_\_\_\_\_

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 years)
3. Junior Membership: \$5.00 \_\_\_\_\_
4. Associate Membership: \$10.00 \_\_\_\_\_ (Single or Family)

Meeting dates available on the ACMKC website

Completed by Membership Chairperson: \_\_\_\_\_

Paid by \_\_\_\_\_ Received by Club Treasurer \_\_\_\_\_

First Reading Date: \_\_\_\_\_ Second Reading Date: \_\_\_\_\_

Date of Membership vote: \_\_\_\_\_ Accepted: Yes \_\_\_ No \_\_\_