



**2024 MEMBERSHIP RENEWAL**  
**ANOKA COUNTY MINNESOTA KENNEL CLUB**

Gloria Zopfi  
Membership  
5071 Stewart Avenue  
White Bear Lake, MN 55110  
(612) 812-1356  
[president.acmkc@gmail.com](mailto:president.acmkc@gmail.com)

It is that time a year again! Membership renewal form and dues are due April 1<sup>st</sup>. Please remit to 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: \_\_\_\_\_ 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 Gloria Zopfi, Membership, 5071 Stewart Avenue, White Bear Lake, MN 55110 by April 1<sup>st</sup>, 2024. If you have any questions, please contact Gloria at (612) 812-1356.

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. Individual Associate Membership: \$10.00 \_\_\_\_\_

(Parent or guardian must also be a member with a junior showmanship membership)

*Completed by Membership Chairperson:*

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