



INDIANA PUREBRED DOG ALLIANCE, INC.

MEMBERSHIP APPLICATION (circle one) *Individual **Household
***Delegate ***Sponsor

(PLEASE PRINT)

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ FAX: _____

EMAIL _____

CLUBS REPRESENTED: _____

LEGISLATORS YOU KNOW
PERSONALLY: _____

ARE YOU WILLING TO SERVE ON A COMMITTEE OR ON THE BOARD TO SUPPORT IPDA INITIATIVES?

YES NO

BY SIGNING THIS APPLICATION, I/WE PROMISE TO UPHOLD THE BY-LAWS & CODE OF ETHICS OF THE INDIANA PUREBRED DOG ALLIANCE, INC.

PLEASE COMPLETE AND RETURN MEMBERSHIP APPLICATION WITH APPROPRIATE MEMBERSHIP FEE TO:
IPDA, P.O. Box 503066, INDIANAPOLIS, IN 46250

*ANNUAL INDIVIDUAL MEMBERSHIP \$25 **ANNUAL HOUSEHOLD MEMBERSHIP \$40
***ANNUAL DELEGATE & SPONSOR MEMBERSHIP \$100