



Minnesota Purebred Dog Breeders Association

___ Joint ___ 2018 Individual Membership Renewal

Complete the form (with signatures) and return, with fees NO LATER THAN May 15th, 2018

Name(s) _____ Kennel Name: _____

Mailing address _____
Street

City _____ State _____ Zip _____

Phone (_____) _____ Cell Phone (_____) _____

E-mail _____ Web site _____

Please check here if any of the above information has changed from that printed in the last directory

Omit street address from directory or web site.

Omit

Other _____ from directory or web site.

Newsletter: will be sent via e-mail to save on paper and postage.

Please check here if you need a paper copy of the newsletter mailed to you

To be listed in the "Breeder Directory" section of the MPDBA Membership Directory I (We) hereby agree to Contribute **One (1) full twelve (12) hour day OR two (2) six (6) hour days at the State Fair. SUBSTITUTING DESK DUTY WILL ONLY BE ACCEPTED AFTER ALL BENCH BOOKINGS ARE FILLED.** To qualify to bench and/or demo at the State Fair, membership process must be completed by mid-May because the State Fair needs the info.

Signature) _____

Dated: _____ (Signature) _____
**** For Joint Memberships, Both Members Must Sign This Form****

Breeds currently owned/bred. List your primary breed first. If you have more than two breeds, you may use copies of this form. Regardless of the number of breeds you list, you are expected to help and educate the public via calls and e-mails for your listed breed/s.

Breed _____ Since year _____ List in Directory Yes () No ()

Breed _____ Since year _____ List in Directory Yes () No ()

Breed _____ Since year _____ List in Directory Yes () No ()

I/We are involved in the following: (please circle) Show, Field, Hunt test, Obedience, Breeding, Rescue, Agility,

Other _____

Please tell us how MPDBA can be of more service to you or the community _____.

I (We) would be willing to serve on the following committees (please check):

- | | | |
|--|--|--|
| <input type="checkbox"/> State Fair | <input type="checkbox"/> Ordinance/Legislation | <input type="checkbox"/> Contracts |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Grievance |
| <input type="checkbox"/> Pet Shop | <input type="checkbox"/> Education | <input type="checkbox"/> Rescue |
| <input type="checkbox"/> Directory | <input type="checkbox"/> Membership | <input type="checkbox"/> Constitution & Bylaws |
| <input type="checkbox"/> Kennel Visitation | | |
| <input type="checkbox"/> Other _____ | | |

We ask that each member contribute a day or even a part of a day to MPDBA activities; this could include helping at an event, speaking to other clubs, or even coming to a meeting and to offer your opinions and suggestions. We currently need those interested in current state legislative efforts. Please let us know if you have any ideas as to how the club can benefit you, your breed, or the dog community.

Membership Oath - Please Read & Sign

I(We) have read and agree to abide by the MPDBA code of ethics enclosed in the renewal packet
I(We) agree to use MPDBA sales contracts and do not buy or sell individual dogs or litters for resale.
I(We) agree that my (our) kennel shall be open for inspection, at reasonable hours, by a member of MPDBA's Board of Directors or other person whom the Board may authorize to inspect members kennels. I (We) hereby certify that, to the best of my (our) knowledge and belief, the information contained in this Renewal Form is true and accurate.

Dated: _____ (Signature) _____

Dated: _____ (Signature) _____

Fees: Check appropriate box(es) and enter amount

- | | |
|--|----------|
| <input type="checkbox"/> Individual \$25.00 | \$ _____ |
| <input type="checkbox"/> Joint \$30.00) | \$ _____ |
| <input type="checkbox"/> Honorary member (\$0) | \$ _____ |

Breed listings, indicate number of breeds _____.

TOTAL amount \$ _____

**Mail forms to: Barb Armour
Membership Chair – sundog3@popp.net
920 Stryker Ave.
St. Paul, MN 55118**