

MEMBERSHIP APPLICATION

TORZI	Date		
Name			
	last	first	m.i.
Address			
	street		
	city	state zip	country
Contact Info			
	primary phone	secondary phone	email
List names of paid Family members			
Regional affiliation		Mid Atlantic Upper Midvally assigned by mailing address, if you wis ohic area, check a box above. Only one re	h to be affiliated with a
German language			
proficiency	□ none □minor u	understanding □well-spoken	☐ read/write
Occupation			
Referral	who referred you to NADKC		
How many Kurzhaars do you own		, 	
Dog testing experience	names		registration numbers
bog testing experience	testing organization	type of test	level of results
Club Affiliation	list any other dog or conservati	ion clubs you are a member of	
	list arry other dog or conservati	on clubs you are a member of	
Membership	□Family Member (spouse or dependent child of pa □Life Membership	aid membership, test entries at regular membership rates,	\$25.00 USD does not include voting rights)
	☐International	ter printed in German) US and Can member members	\$20.00 USD/yr
Mail Application to	Aaron Miller351 Heritage Dr. Mackinaw, IL 61755 USA	membership- Mail com	-coordinator@nadkc.org pleted form with check payable to NADKC