



MEMBERSHIP APPLICATION

NEW RENEWAL

Please check Membership Category Requested:

- Associate – \$20.00
 Sponsor – \$100.00

ASSOCIATE / SPONSOR INFORMATION

Name _____

Telephone #(w/area code) _____

E-mail address _____

Street/Mailing address _____

City _____ State _____ Zip _____

Occupation _____

What breed(s) of dog do you own? _____

How long have you been a dog owner? _____

Do you belong to other organizations who deal with dog legislation issues? If yes, please list: _____

Do you belong to a local kennel club? If yes, please list: _____

Do you participate in/attend dog training classes? _____

Do you compete with your dogs in obedience, agility, conformation, field, other? _____

Have you ever been involved with a Therapy Dog program? _____

Are you available to attend daytime or evening meetings? _____

How did you learn about the Federation? _____

Please list skills and/or services (hobby and or professional) that may be beneficial to the Federation: _____

What role do you see yourself playing in the Federation? _____

I do hereby declare that I support the objectives of the Massachusetts Federation of Dog Clubs and Responsible Dog Owners as put forth in the Constitution and By-laws of the Federation and do hereby agree to abide by the provisions set forth in the By-Laws.

Signature _____ Date _____

**Please make checks payable to MassFed and mail with completed form to:
Ms. Julie Rembrandt Seeley, MassFed Corresponding Secretary, P.O. Box 295, Harvard, MA 01451**