



American Lhasa Apso Club Associate Membership Application

Please note: Associate Membership is open only to those who neither know nor have access to current ALAC members to sponsor their membership.

Annual Dues: Individual Membership \$35; Household Membership \$45 (Two people residing at same address) According to ALAC By-Laws, applicants must be at least 18 years old. Dues year: Sept. 1 to Aug. 31. Applicants joining in June, July, and August are considered paid for the upcoming club year.

Note: If your application is not accepted, dues payment will be refunded. Membership dues and all applicable fees must be included with the application.

Please print unless asked to sign.

Check all that apply: Pet Owner Breeder AKC Dog Show Exhibitor

First Applicant _____

Second Applicant (must reside at same address) _____

Street address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone _____ E-mail _____ Website _____

Occupation(s) of Applicant(s) _____

Name(s) of any dog clubs to which you belong: _____

*** Please initial your acknowledgement of the following conditions of Associate Membership in the American Lhasa Apso Club**

_____ I am applying for Associate Membership because I do not know any current ALAC members to sponsor me for full membership in the club.

_____ I understand that as an Associate Member I am entitled to all club privileges except voting and holding office or committee chairmanship.

_____ I understand that as an Associate Member I cannot use the ALAC Logo or refer to ALAC in any advertising.

_____ I understand that I may apply for regular membership at any time once I have sponsorship from two ALAC members in good standing.

_____ I have read the Code of Ethics and agree to abide by ALAC's By-Laws, Code of Ethics, and the rules of the AKC.

Signed: _____ Date _____

*** You are welcome to attach a note to this application if you would like to tell club Officers and members of the Board of Directors about your history and experiences with the Lhasa Apso.**

➔ Mail signed application, and a **\$35 (or \$45) check or money order** payable to ALAC for dues to Joyce Johanson, Membership Chair, 126 W. Kurlene Drive, Macomb, IL 61455.
Questions?? Contact Joyce at hasas@joyslynsllhasaapos.com

If you wish to pay by credit card, please include the following information. (A \$5.00 processing charge will be added.)

Visa MasterCard CC # _____ CV2 3-digit # _____ Exp date _____

Cardholder's printed name _____ Amount to be charged _____

Cardholder's signature _____