



Membership Application

Name _____

Address _____

Telephone no. _____ Cell no. _____

email address _____

Breed(s) _____

Primary Areas of competition _____

Club Affiliations _____

I am interested in: ___ Voting Membership (\$25 annually)

 ___ Associate Membership (\$20 annually)

Please mail application and funds payable to A.P.D.F. to:

JoAnn Hubacek
W204 N8588 Lannon Rd.
Menomonee Falls, Wisconsin 53051