

Lorain Area Racing Klub

membership application – Individual memberships only

Name: _____

Address: _____

City, State & Zip: _____

Phone: Home: _____ Work: _____ Cel: _____

Fax: _____ E-mail: _____

Birth Date (Month & Day only) _____

Breed(s): _____

Kennel Name: _____

Website: _____

How long have you been involved in dogs? _____

As an Owner? _____ Exhibitor? _____

Breeder? _____ Judge? _____

What is your interest in a Sighthound Performance Club? _____

Do you participate in performance events? _____

If so, what events and in what capacities? _____

Please list other dog club memberships, your length of membership and positions held (both current and past positions).

By signature, I agree to abide by the rules and bylaws of this club, as well as the rules of any national organization, under which this club may hold running events.

Date Submitted: _____ First year dues \$20.00 due with application:
Paid: _____

Return forms to: Judy Lowther 4300 Denison Avenue Cleveland, OH 44109