Illinois Federation of Dog Clubs and Owners
-- Membership Application --

Date _____

We hereby apply for membership in the Illinois Federation of Dog Clubs and Owners, and agree to abide by the by-laws and constitution of the Federation.

TYPE OF MEMBERSHIP:

_____ $100 -- Clubs - with up to 50 members – Voting -- 1 delegate
_____ $200 -- Clubs - with over 50 members -- Voting -- 2 delegates
_____ $25 -- Individual Membership -- Non-voting
_____ $100 -- Business Membership -- Non-voting

NAME OF CLUB, INDIVIDUAL or BUSINESS_____

TYPE OF CLUB (If Specialty please supply breed)_____

CLUB MEMBERSHIP CONTACTS (if applicable)

President:
Name _____
Address _____
City, State, Zip _____
Email _____
Telephone _____

Secretary:
Name _____
Address _____
City, State, Zip _____
Email _____
Telephone _____

Delegate 1:
Name _____
Address _____
City, State, Zip _____
Email _____
Telephone _____

Delegate 2: (If applicable)
Name _____
Address_____
City, State, Zip_____
Email _____
Telephone _____

INDIVIDUAL MEMBERSHIP CONTACT (if applicable)
Name _____
Address _____
City, State, Zip _____
Email _____
Telephone _____

BUSINESS MEMBERSHIP CONTACT (if applicable)
Business Name _____
Contact Name _____
Address _____
City, State, Zip _____
Email _____
Telephone _____

SUBMIT THIS FORM

IFDCO membership and fiscal year runs from November 1 through October 31. Memberships are renewable annually. Mail this application with a check payable to IFDCO) to:

IFDCO Treasurer – 2029 Monteford Ct – Springfield, IL 62704

Your official signature is required and signifies that the information supplied is correct and accurate.

_____ _____ _____
Signature Position Date

****

FOR OFFICIAL USE ONLY: Do not write below this line

_____
Date Received _____Date Accepted: _____
Check #: _____ Amount Received: _____