

The Lowchen Club of America New Membership Application

Please select a Membership Type below:

Primary Member Name *

First Name Last Name

Secondary member Name for Full Family Memberships

First Name Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number *

Area Code Phone Number

E-mail *

example@example.com

Please indicate which parts of your contact information you would like to share in the membership roster. Leaving options blank mean those items will not be shared. Only your name will be shared on the roster.

Address

Phone

Secondary Phone

Email

Please tell us what breed(s) of dogs you own:

What breed(s) have you owned in the past?

Which dog clubs do you belong to?

Please list the registered names of the Lowchen you currently own or co-own. If co-owned, please indicate who you co-own the dogs with.

Please list the registered names of the Lowchen you own or co-own in the past. If co-owned, please indicate who you co-own the dogs with.

Have any of your dogs had a litter?

Are you, or any affiliate, in any way professionally connected with dogs? (Breeding a few litters does not in this case constitute professionalism) What is the affiliation?

Do you, or any affiliate, currently hold or in the past held, a license to deal in dogs either local, state, or federal?

- Yes
- No
- Unsure
- Other

If yes, please submit those numbers, dates, and circumstances?

Have you ever trained a dog in Companion/Performance classes?

- Yes
- No
- Unsure
- Other

Have trained a dog to earn any AKC titles?

- Yes
- No
- Other

Have you shown a dog to its AKC championship?

- Yes
- No

Please list your interest in the world of purebred dogs:

If approved for membership, please list your area of interest you want to volunteer to work within the club:

Sponsors

Full Membership applicants are required to have two sponsors. The membership chair will contact the sponsors for the letters of recommendation. Sponsors must have be members of the LCA in good standing for at least two years.

Please list 2 Sponsors who meet the criteria mentioned above:

Full Name	Address	Contact Number	Email Address
1			
2			

Date

Month Day Year

By clicking SUBMIT, I verify that I am the Primary applicant named on this application. I agree to abide by all code of ethics and The Lowchen Club of America rules.