



Individual/Family Membership Form

Member Name: _____

Spouse: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date: _____

E-mail address(es): _____

Preferred phone: _____

Breed of dog(s): _____

_____ \$ 35 Membership Fee Enclosed



Memberships should be renewed each January!

Payable to Central Dakota NAVHDA
Mail to treasurer Reed Hendrickson
207 Versailles Ave
Bismarck, ND 58503
reed.c.hendrickson@gmail.com
701-202-2496