

Membership # Assigned _____

Associate Membership Application

MEMO TO APPLICANTS:

Please provide ALL information in PRINT.

Remember to sign membership application and attached Safety Rules and Regulations.

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

I certify that I am not a member of any organization or group having as its purpose or one of its purposes, the overthrow by force and violence of the Government of the United States or any of its political subdivisions. I certify that I have never been convicted of a crime of violence or felony and that as a n Associate Member I will fulfill the obligations of good sportsmanship. I further certify that I will adhere to the by-laws and safety rules and regulations of the Kansas Field and Gun Dog Association and understand that failure to do so will result in immediate expulsion.

Date

Signature