



# INDIANA PUREBRED DOG ALLIANCE, INC.

MEMBERSHIP APPLICATION (circle one) \*Individual \*\*Household  
\*\*\*Delegate \*\*\*Sponsor

(PLEASE PRINT)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL \_\_\_\_\_

CLUBS REPRESENTED: \_\_\_\_\_

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LEGISLATORS YOU KNOW  
PERSONALLY: \_\_\_\_\_

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ARE YOU WILLING TO SERVE ON A COMMITTEE OR ON THE BOARD TO SUPPORT IPDA INITIATIVES?

YES

NO

**BY SIGNING THIS APPLICATION, I/WE PROMISE TO UPHOLD THE BY-LAWS & CODE OF ETHICS OF  
THE INDIANA PUREBRED DOG ALLIANCE, INC.**

PLEASE COMPLETE AND RETURN MEMBERSHIP APPLICATION WITH APPROPRIATE MEMBERSHIP FEE TO:  
IPDA, 5014 GRANGER COURT, INDIANAPOLIS, IN 46268

\*ANNUAL INDIVIDUAL MEMBERSHIP \$25 \*\*ANNUAL HOUSEHOLD MEMBERSHIP \$40  
\*\*\*ANNUAL DELEGATE & SPONSOR MEMBERSHIP \$100