



Leonberger Club of America Membership

Application

Name(s): _____
Mailing Address: _____
City: _____ State/Prov: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

NOTE: Be sure to keep your email address updated.

Send to: membership@leonbergerclubofamerica.com

Do you own a Leonberger? **YES NO** If yes, please list full registered name(s):

Have you been or are you now a member of other dog organizations? **YES NO**

If yes, please list:

The LCA plans to publish a printed directory of its membership, available to members for a nominal fee. Your name, town, state, phone and mail will be listed in the directory unless you indicate that you are opting out here:

You may not list my contact information on the LCA's website _____

Please list two current Leonberger Club of America Members who will sponsor your application.

1. _____ 2. _____

Please use the end of this form (or attach a separate page) to describe how you have heard about the Leonberger dog. Let us know a little about you, your family and your dog. We will use this information to introduce you to our membership through the LeoLetter, the quarterly newsletter of the Leonberger Club of America.

I agree to abide by the Leonberger Club of America's Constitution, Bylaws, and Member Practices. I agree to adhere to the Club's adopted standards regarding the breeding of Leonberger dogs in America. I further state that I have not had my privileges suspended by the American Kennel Club (AKC)

Signature: _____ Date: _____
Signature: _____ Date: _____

*Family Membership is 2 Voting Members * Single Membership is 1 Voting Member*

Individual and/or family members must be at least 18 years old.

Annual Membership (expires December 31st) dues are:

____ \$55.00 US for family membership ____ \$45.00 US for single membership

Pro-rated Membership after July 1st (expires December 31st)

____ \$27.50 US for family membership ____ \$22.50 US for single membership

Pro-rated Membership after September 1st (expires December 31 of next calendar year)

____ \$68.75 US for family membership ____ \$56.25 US for single membership

Send this application and your check made payable to "Leonberger Club of America" to:

**Leonberger Club of America
c/o Sue Hills
23 SW 13th Court
Deerfield Beach, FL 33441**

The names of new members will be published in the LeoLetter and, if no protest is filed within 60 days, membership will automatically be granted.