

Membership Application

American Lowline Registry
1912 Clay Street
N. Kansas City, MO 64116
816-221-0641



Membership Name: _____

First and Last Names: _____

(If different than membership name)

Address: _____

City, State, Zip: _____

Phone: _____ **Alt. Phone:** _____

Fax: _____ **Email:** _____

Breeder ID Letters (2 or 3 letters. This ID will be reserved for exclusive use by your membership)

____ First Choice

____ Second Choice

I submit my application for membership in the American Lowline Registry and agree to abide by the rules and regulations of the Registry, as established by the ALR membership.

Signature: _____ **Date:** _____

Active Membership:

\$50 Initiation Fee

\$25 Annual Dues (Dues year is calendar year)

\$75 Total

Junior Membership (age 21 or younger): Junior Member Date of Birth: _____

\$10 Annual Dues (Dues year is calendar year)

Return this form with check or money order to:
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N. Kansas City, MO 64116