



**DRENTSCHE PATRIJSHOND
“DUTCH PARTRIDGE DOG”
CLUB OF NORTH AMERICA, INC.**

MEMBERSHIP APPLICATION

Name(s): _____

Write additional names for family members on the back of this form

Address: _____

City/State/Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

E-mail Address: _____

Would you be willing to receive DPCNA Newsletters electronically? Yes No

Current Number of Drentsche Patrijshonds owned: _____

Registered Name(s) DP owned: _____

Membership Type:

New

Renewal

Dues Type:

- Single Membership (annual) \$20.00

- Lifetime Membership (age 59 & under) \$300.00

- Lifetime Membership (age 60 & over) \$200.00

- Family Membership \$45.00

Signature: _____ Date: _____

By applying for membership, you agree to abide to the bylaws of the Drentsche Patrijshond Club of North America. Make checks payable to “DPCNA”.

If you do not wish to be included in the Membership Directory, you must notify the Secretary, Jim Millington, millingtonjd@yahoo.com

Please mail this application and dues to: John Lambregts
DPCNA Vice President
1978 Danbury Cir.
Idaho Falls, ID, 83401

NOTE: ALL DUES MUST BE PAID IN U.S. CURRENCY

For Office Use Only:

Amount Enclosed: _____ Date Received: _____

Treasurer's Signature: _____

John Lambregts