

AMERICAN HERDING BREED ASSOCIATION
MEMBERSHIP APPLICATION and RENEWAL FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

(please provide +four if requesting postal
delivery of the Newsletter)

Telephone: _____

e-mail: _____

Kennel Name: _____

Breed(s) Owned: _____

Other Breeds Interested In: _____

I Am Active In The Following:

Herding: _____ Agility: _____ Obedience: _____ Conformation: _____

Other: _____

Other Clubs I belong to: _____

Type Of Membership Desired: _____ \$15.00/year (in all cases)

Individual: _____ Joint/Family: _____ New Member: _____ Club: _____ Renewal: _____

I Would Be Willing To Help In The Following Manner:

I wish to receive the newsletter: _____ Via Email: _____ Postal Delivery: _____

_____ You may list my my name and complete address on a published AHBA membership list

_____ List only my name and state on a published AHBA membership list.

I agree to abide by the constitution and by-laws of the American Herding Breed Association and to further the working abilities of dogs whenever and wherever possible.

Signed: _____ Dated: _____

Membership is from Jan 1 through Dec 31 annually.

Make checks payable in US funds to AHBA and send to:

Linda Leek, AHBA Membership Coordinator

217 Overlook Drive

Coatesville, PA 19320-1330

herdewe@me.com