

Membership Application

American Lowline Registry

19590 E. Mainstreet, #104 • Parker, CO 80138

Ph: (303) 840-4343 • Fax: (303) 770-9302



Membership Name: _____

First and Last Names: _____

(If different than membership name)

Address: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Email: _____

Fax: _____

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

\$40 Annual Dues (Dues year is calendar year)

\$90 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:

American Lowline Registry
19590 E. Mainstreet, Suite 104
Parker, CO 80138