

Membership Application

American Lowline Registry

19590 E. Mainstreet

Suite 202

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: _____

Alt. Phone: _____

Email: _____

Fax: _____

Website: _____

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:

American Lowline Registry

15950 E. Mainstreet, Ste 202

Parker CO 80138