

Membership Application

American Lowline Registry
19590 E. Mainstreet
Suite 202
Parker CO 80138



Membership Name: _____ (Print)

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

Membership Referred by _____ ALR Member # _____

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
19590 E. Mainstreet, Ste. 202
Parker CO 80138