

**Rocky Mountain Mastiff Fancier's
Membership Application
(Amended April 12, 2007)**

Return to: Mary Dymond, RMMF Secretary
4243 S Ivy Lane
Englewood, CO 80111

Membership Type: Individual (\$12) ____ Family (\$20) ____ Associate (\$10) ____

Membership is open to all person's twelve (12) years of age or older, in good standing with the American Kennel Club, and who subscribe to the rules and purposes of this club.

Please mail your completed application (along with the signed Code of Ethics) and a check or money order made payable to RMMF (no cash please) to the address above. You will receive a copy of the signed Code of Ethics once your application has been received and processed along with the pertinent information applying to RMMF.

Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____
Fax: (____) _____
E-mail: _____

(Please note that most communication is via a yahoo E-mail group)

Have you ever applied before? No _____ If, Yes, when? _____

Kennel Name (Optional): _____
Web Page (Optional): _____
Occupation (Optional): _____
Work Phone (Optional): _____

Number of Mastiffs owned: _____ Other breeds owned: _____
Areas of interest: Showing: _____ Breeding: _____
Pet Quality (no showing): _____ Rescue: _____
Other, please specify _____

Are you available, if called upon to participate on Committees as needed? No ____ Yes ____
Would you be interested in being nominated for a position with the Board of Directors when it is time for elections? No ____ Yes ____

I have read the Code of Ethics attached. I/We agree to abide by these rules, the Constitution and by-laws of the RMMF and those of the American Kennel Club. I have attained the required age to become a member.

Signed: _____ Date: _____

Signed: _____ Date: _____

Each applicant must attend 2 meetings or club activities as well as being sponsored by 2 RMMF member in good standing for a minimum of one year and not related to the Applicant. After attending the second meeting or club activity there will be a vote taken to accept or reject the applicant. I, the Undersigned RMMF member do, recommend this applicant.

Date ____/____/____ Signed _____

Printed _____

Date ____/____/____ Signed _____

Printed _____

For RMMF Use Only: Date received: _____ Form Payment: _____ Received by: _____
RMMF Secretary Signature: _____ Date Packet mailed: _____