



# Associated Dog Clubs of New York State

## APPLICATION FOR TYPE 2 MEMBERSHIP

(Associate Membership)

NAME OF APPLICANT: \_\_\_\_\_

It is understood that the objectives of the Associated Dog Clubs of New York State, Inc., are to protect the breeding and exhibiting of dogs as a non-commercial venture and to engage in educational and necessary activities to promote the welfare of dogs.

I do hereby agree to adhere to the Constitution of the Associated Dog Clubs of New York State, Inc., and by virtue of membership in the Association, to assist in achieving the above objectives.

APPLICANT'S SIGNATURE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: AREA CODE ( \_\_\_\_\_ ) \_\_\_\_\_

According to Article II, Section 3 of the association's by-laws, signatures of two sponsors and name of club of which the sponsors are members is required. Sponsors can be either individual members or a member of a member club.

FIRST SPONSOR'S SIGNATURE: \_\_\_\_\_

NAME OF FIRST SPONSOR'S MEMBER CLUB: \_\_\_\_\_

SECOND SPONSOR'S SIGNATURE: \_\_\_\_\_

NAME OF SECOND SPONSOR'S MEMBER CLUB: \_\_\_\_\_

Membership in the Associated Dog Clubs of New York State, Inc. is on an annual basis. Dues for associate membership are \$10 for an individual or \$14 for a couple yearly, payable on or before January 1<sup>st</sup> of each year. Please include a check made payable to ADCNYS for the appropriate associate membership dues for one (1) year. Mail this application and your personal check(s) to:

Wanda H. Allen, President  
PMB 174  
1971 Western Ave.  
Albany, NY 12203  
Email: [adcnywa@nycap.rr.com](mailto:adcnywa@nycap.rr.com)  
Phone: 518-421-2916

ADCNYS' secretary, Helen Mancuso, will inform you of the status of your application for membership once your application has been voted on at the next meeting of ADCNYS. Meetings are usually held in March, July (annual meeting), and November.