



Membership Application

Name: _____ Date: _____

Street Address: _____

City/State/Zip: _____

Email: _____ Type of Membership: _____

See Membership types below

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I'd like to be notified of upcoming LOLBCA events. Notifications will be sent via email.

Tell us a little about yourself.

I agree to abide by the LOLBCA Constitution and By-Laws: _____

Print: _____

Please fill in this membership application. Enclose a check made payable to the Land of Lincoln Border Collie Association and mail to: Candice Sandberg, 1400 Clairmont Ct., Vernon Hills, IL 60061

Membership Rates: (per year) Single - \$20; Family - \$25. ... [NOTE: Family membership only gives one vote per family in any elections].