



MEMBERSHIP FORM 2024

New Member Renewing Member Update Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Kennel Name _____

Email _____

Yes, I'm on FaceBook

Please keep contact info private from other members

PyrSheps Names: _____

Other dog's names/breeds: _____

No club runs without help. Please indicate which areas you are able to help with (you're allowed more than one!)

Awards/Hospitality

Event Planning

Event Implementation

Event Presenter - Topic _____

Other _____

Owner Exhibitor/Competitor Breeder - Kennel Name _____

Endorsements (2): _____ Email/Phone _____

_____ Email/Phone _____

Member/Applicant Signature _____ Date _____

Membership runs from February 1 to January 31. Dues are \$15 per year. Please send form with check made out to LEAPSS to:

Cindy Wilmoth
LEAPSS
433 Red Rock Drive
Wadsworth, OH 44281