

EISDA CLUB MEMBERSHIP

Name:					
Address:					
City:			State:	Zip Co	ode:
Home Ph	ione:	Cell Phone:_		Email:	
	FAMILY MEMBERSHIP:	\$30.00	INDIVIDUAL MEME	ERSHIP: \$25.00	
I do hereby agree that in the event of injury to me or my dog, I will not hold owner(s) of the					

property, employees, sponsors of the Club event, helpers, or Club members responsible. I also agree to pay for any damage to livestock or property caused by me or my dog(s) during the Club event. (Vet bill if applicable or \$150 to replace an animal.)

Signature_____

Date_____

Membership entitles you to participate in club activities and advertise in and receive Club newsletters. Dues must be paid in order to participate in any activities. Please send your completed membership form and dues to:

> EISDA Treasurer Lonna Jean Conroy 3470 S. Marsh Creek Road McCammon, Idaho 83250