



**AMERICAN DOG SHOW JUDGES, INC.  
MEMBERSHIP APPLICATION**

**OBJECTIVES:** 1. To represent the good, welfare, and education of AKC approved Dog Show Judges in America.  
2. To further the advancement of purebred dogs.

**PHILOSOPHY:** The ADSJ will respond to the needs of the judging community in a positive, responsible and non-confrontational manner. The principles of the organization are based on the ideals of democracy and equality.

APPLICANT'S NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ORIGINAL BREED(S) FOR WHICH YOU WERE APPROVED: \_\_\_\_\_

\_\_\_\_\_ ORIGINAL APPROVAL DATE: \_\_\_\_\_

Please list any experience or training which would allow you to assist with ADSJ: \_\_\_\_\_

Circle the type and size you prefer for your personalized name badge

**small size pin      regular size pin      pocket type      small size magnet      regular size magnet**

Applicant hereby agrees to abide by the ADSJ's Constitution & By-Laws.

\_\_\_\_\_ Date: \_\_\_\_\_

Applicant's signature

**SINGLE MEMBERSHIP DUES: \$40    2 MEMBERS IN THE SAME HOUSEHOLD: \$70**

Please make check payable to *American Dog Show Judges* and send it with the completed application to:  
Carl Liepmann, Secretary, 9144 W. Mt. Morris Rd., Flushing, MI 48433

**BENEFICIARY FORM**

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFICIARY FORM**

Policy Holder's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I designate the following person as my beneficiary:

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Policy coverage remains in effect only to members in good standing)