



Membership Form

Annual Dues: \$30.00

Family: \$40.00

Full Name: _____

Mailing Address: _____

Phone Number: _____

E-mail: _____

Type of Dog(s) you have: _____

Kennel Name (if any): _____

Main Interests: Sled Rig (Dryland) Canicross Bikejor

Skijor Weight Pull Other

Years Experience: _____

How did you hear about us?: _____

Comments/Questions: _____

Please Make Checks out to AZMA and mail to:

Ashley Crawford

AZMA

P.O. Box 249

Vernon, AZ 85940