

**2017 RKNC Membership
Renewal Application
Individual/Associate Dues:
\$15.00 Family Dues: \$25.00
Due Date: October 1, 2016**

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Please Mail Renewal Application and Check made payable to RKNC to:
RKNC

Mark Iken, Membership Chair
8822 Rosewood Hills
Edwardsville, IL 62025

If you have any questions, please contact Mark at ikenzoo@hotmail.com

*In order to be included in the 2017 RKNC Roster dues must be paid by
December 1, 2016