



**Canine Legal Update Off-line Payment Registration Form**

Please complete this form if you are an agency submitting payment for your personnel or if you are an individual paying by check. The agency rate applies to agencies with 6 or more paid memberships. The agency rate is \$40.00 per membership. Membership cost for individuals or agencies with less than 6 paid memberships is \$50.00 per membership.

Registrant's Name: \_\_\_\_\_

Registrant's Email: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Registrant's Phone Number: \_\_\_\_\_

Please provide your requested account login email(s).

Member Name: \_\_\_\_\_ Login Email: \_\_\_\_\_

Member Name: \_\_\_\_\_ Login Email: \_\_\_\_\_

Member Name: \_\_\_\_\_ Login Email: \_\_\_\_\_

Member Name: \_\_\_\_\_ Login Email: \_\_\_\_\_

Member Name: \_\_\_\_\_ Login Email: \_\_\_\_\_

Member Name: \_\_\_\_\_ Login Email: \_\_\_\_\_

Member Name: \_\_\_\_\_ Login Email: \_\_\_\_\_

Member Name: \_\_\_\_\_ Login Email: \_\_\_\_\_

Member Name: \_\_\_\_\_ Login Email: \_\_\_\_\_

**Qty of Individual Memberships:** \_\_\_\_\_ **x \$50.00 = Total Amount Due:** \_\_\_\_\_

**Qty of Agency Memberships:** \_\_\_\_\_ **x \$40.00 = Total Amount Due:** \_\_\_\_\_

**Please send check or purchase order to:  
Sheepdog Guardian Consulting, LLC  
459 Sundance Drive  
Bartlett, Illinois 60103-5091**