



Chambersburg Area Kennel Club, Inc.

Application for Membership

Date _____

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Primary Telephone # _____ E-mail Address _____

Cell Phone: _____ Cell Phone: _____

1. Do you plan to attend the monthly meetings? Yes No
2. How do you prefer to serve the club?
 Committee Dog shows/matches Officer
 Special skills (please specify) _____ Other (please specify) _____
3. Please list activities you would most like the club to offer: _____

4. Are you currently a member of another kennel or breed club? Yes No
If yes, please list _____
5. Please list the breed(s) you own/work with: _____

6. Do you breed or plan to breed AKC registered dogs?
 Breed now Have bred Do not breed Undecided
7. Do you show?
Agility: Show Have shown Do not show Undecided
Conformation: Show Have shown Do not show Undecided
Obedience: Show Have shown Do not show Undecided
Hunting/Field Trials: Show Have shown Do not show Undecided
Other: _____

Please tell us about yourself: _____

Please list your veterinarian: _____ Telephone # _____

Annual membership dues are \$7.50 for juniors, \$15.00 for one person, and \$20.00 for a family.
Membership year begins each July 1. **There is a one-time application fee of \$10.00.**

Cash or Check Number and amount: _____.

I/we have read and understood the Constitution and Bylaws and Code of Ethics and agree to abide by them. I/we agree to not hold the CAKC or any of its members responsible for any liability or injury incurred at any event held or sponsored by this club.

Signature: _____ Signature: _____

Sponsored by (club member): _____

Approved: Yes No Date: _____ Signed by: _____