



# Chambersburg Area Kennel Club, Inc.

## Application for Membership

Date \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail Address \_\_\_\_\_ Primary Telephone # \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

1. Do you plan to attend the monthly meetings?  Yes  No

2. How do you prefer to serve the club?  Dog shows/matches  Companion Events  Performance Events

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?

Current Breeder  Past Breeder  Do Not Breed  Undecided

7. Do you show/exhibit?

Conformation:  Show  Have shown  Do not show  Undecided

Agility:  Show  Have shown  Do not show  Undecided

Obedience/Rally:  Show  Have shown  Do not show  Undecided

Hunting/Field Trials:  Show  Have shown  Do not show  Undecided

Performance - Fast CAT - CAT - Lure Coursing - Dock Diving - Scent: \_\_\_\_\_

Show  Have shown  Do not show  Undecided

Other: \_\_\_\_\_

Please tell us about yourself:

Please list your veterinarian: \_\_\_\_\_ Telephone # \_\_\_\_\_

**Two meetings are required for membership approval. Payment is due after meeting requirements are met and member approval.**

**Annual membership dues are \$20.00 for one person, and \$25.00 for a family. Junior membership is free to age 18.**

**Membership year begins each July 1.**

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 Chambersburg Area Kennel Club.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

CAKC only:

Dates of meetings attended: \_\_\_\_\_ Vote held date: \_\_\_\_\_

Membership Approved:  Yes  No Signed by: \_\_\_\_\_

Cash  PayPal  Check - Number and amount: \_\_\_\_\_