

MEMBERSHIP APPLICATION

Halifax Kennel Club

Surname

Given Name

CKC Membership #

Address

City

Province

Postal Code

Home phone

Work phone

Cell phone

Email

Occupation

Breed of Dog(s)

Sponsor #1 Name

Phone or Email

Signature

Sponsor #2 Name

Phone or Email

Signature

Other Kennel Clubs or organizations to which I belong:

Club Name

Position Held

Club Name

Position Held

Club Name

Position Held

Where will you volunteer (check all that apply):

Conformation Shows

Obedience Trials

Public Education

Rally Trials

Fundraising

Other _____

I hereby make application for membership in the Halifax Kennel Club. I do agree to conform to the HKC Constitution, By-Laws and Code of Ethics and to pay my annual membership fee of \$ _____ (which accompanies this application).

I agree I do not agree to have my name, address, email and breed(s) shared with members on an HKC membership list.

Signature

Date of application

Office Use Only:

Authorized by _____

Membership Chair _____

Date Accepted _____