



ASSOCIATE
MEMBERSHIP
APPLICATION

Application to be filled out by candidate(s) for associate membership in the Charleston Kennel Club Inc. Please include dues with application, which are \$15.00 for single membership and \$20.00 for families.

Name	
Address	
Phone	Email

Club newsletter and other correspondence will be emailed unless postal service is specifically requested. Email delivery _____ Postal delivery _____

Business _____

Can you be called at work? _____ If yes, number _____

Kennel name _____

Breed(s) _____

List other dog clubs of which you are a member:

List offices held or committees served on _____

What are your present interests? (Please check all that apply)

Breeding Conformation Obedience Field Trials Tracking

Therapy Rescue Agility Pet Owner

Have your privileges as a judge, exhibitor, or breeder ever been revoked or suspended by the AKC? No Yes If yes explain on back of form.



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Have you read the Constitution and By-Laws of this club? (Available on the club's website)

Yes No

Do you agree to abide by and uphold the Constitution and By-Laws of this club? Yes No

Would you be willing to work on various committees? Yes No

Please outline your reason(s) for wanting to be associated with the Charleston Kennel Club Inc., and include any experiences you have had that could benefit the Club.

I/We, the undersigned, hereby apply for associate membership in the Charleston Kennel Club, Inc. I/We have read the questions set forth on this application and have answered the same truthfully and completely.

Signature(s) _____

Date _____

Please mail application with check to: Charleston Kennel Club

P.O. Box 1009

Ladson, SC 29456-1009

Or bring to club Meeting.

Action of the Club: _____ Date: _____