APPLICATION FOR MEMBERSHIP

Name: _____

Occupation: _____

Address: _____

_____

Home Phone: _____Cell Phone:_____

E-mail Address: _____

Membership Type (Check ONE) **Please review criteria for each type prior to selecting**:

___Regular Individual $30

___Regular Household (2 Adults, same residence) $40

___Associate (cannot hold office or vote) $15

___Junior: (age 9-17, cannot hold office or vote) $10

Junior membership applicants who are children of a parent who is a member will have meeting attendance and due fee waived Check all that apply:

___Interested in Cavaliers. Do not yet own a Cavalier.

___Pet owner. Currently own a pet Cavalier.

___Breeder. Have registered a litter of Cavaliers with the AKC in the last 3 years.

Kennel name: _____ # of years breeding: _____

___Exhibitor. Has shown an AKC registered Cavalier in an AKC sanctioned event in the last 2 years.

( ) Agility ( ) Conformation ( ) Obedience ( ) Rally ( ) Barn Hunt Number of years exhibiting_____

___Judge (AKC licensed judge)

How did you find out about this club? _____

Do you belong to an all breed club? _____ Which one?_____ # yrs____

What other breeds do you own? _____

Have you ever been or are you currently suspended by the AKC? _____ **As an active regular or household member of this club, check any of the following areas that you would be willing to volunteer at**: ( ) Activities ( ) Education ( ) Hospitality ( ) Rescue ( ) Show/Match committee ( ) Website   )Other_____

Endorsements: Each application shall carry the written and signed endorsement of two club members in good standing. Applicants shall attend two meetings before the club votes on his/her acceptance.

1. _____

Member signature _____ Date _____

2. _____

Member signature _____ Date _____

I agree to abide by the bylaws of the Twin Cities Cavalier King Charles Spaniel Club, agree to abide by the constitution and bylaws and rules of the American Kennel Club, and further agree that membership in this club requires my willingness to actively support club functions when called upon to do so.

Applicant signature _____ Date _____ **Dues must accompany application for membership.** Application can be sent to the Corresponding Secretary: Brenda Tonn, 14900 Frederick Rd., Rogers, MN 55374 Date Received_____   Cash/Check #_____   1st Mtg Attended_____   2nd Mtg Attended_____   Date of Vote/ Result_____ Welcome letter sent_____   Notified Club_____ Updated Master List x2 ( ), Yahoo Groups ( ), Email List ( )