



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) \$20
- Junior: (age 9-17, cannot hold office or vote) \$10

****Jr. membership applicants who are children of a member will have meeting attendance and dues waived****

Check all that apply:

- Interested in Cavaliers. Do not yet own a Cavalier.
- Pet owner. Currently own a pet Cavalier.
- Breeder. Has 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 Other _____
 Number of years exhibiting _____
- Judge (AKC licensed judge) Approved for which breed(s) _____

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 a 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 and Ethical Guidelines 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: Mark Baillie, 10100 Clinton Ave S, Bloomington, MN 55420

Date Received _____ Cash/Check # _____ 1st Mtg Attended _____ 2nd Mtg Attended _____
 Date of Vote/Result _____ Welcome letter sent _____ Notified Club _____
 Updated Member Directory (), Email List ()