



Applicant

Name _____ **Email** _____ **Occupation** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Co-applicant

Name _____ **Email** _____

Cell Number _____ **Work Number** _____

Breed Information

Breed _____ **Number of Dogs/Bitches** _____ **Number of litters** _____

Meeting 1 _____ **Date:** _____ **Meeting 2** _____ **Date:** _____

What benefits do you think CKC has to offer to you?

What benefits do you think you have to offer CKC?

List name and dates of membership in other dog clubs to which you belong?

Have you ever been suspended by AKC? If Yes, list reason and dates.

This applicant(s) give authorization to Columbia Kennel Club, Inc to verify all information provided on this form to be true.

The applicant(s) agree to abide by the constitution and By-Laws of Columbia Kennel Club, Inc. if membership is approved.

Applicant Signature _____ **Co-Applicant Signature** _____

Endorsement by Club Members _____

Signature of CKC Member _____ **Date** _____ **Signature of CKC Member** _____ **Date** _____