



MACON KENNEL CLUB, INC.
P.O. BOX 13471
MACON, GA 31208

APPLICATION FOR MEMBERSHIP

Please Mark X for Membership type you are applying for & submit during second Membership Meeting you attend

INDIVIDUAL	HOUSEHOLD	JUNIOR

For Household membership each Adult (2) must fill out, sign an application

NAME	
STREET ADDRESS	
CITY, STATE & ZIP	
PHONE	
EMAIL ADDRESS	
OCCUPATION	
IF RETIRED PREVIOUS OCCUPATION	
KENNEL NAME (optional)	
BREED(S)	

Are You in Good Standing with the AKC and other Dog Clubs? _____

Name(s) Of Other Dog Club(s) Which You Currently Belong:

Name(s) Of Other Dog Club(s) To Which You Have Previously Belonged:

Have You Ever Been Suspended or Reprimanded from Any Dog Club or AKC? _____

If Yes, Please Explain: _____

Members are expected to attend monthly meetings and volunteer at our yearly dog show in May



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What Are Your Objectives/Interests in Joining the Macon Kennel Club, Inc.? (Please Explain in Detail)

Please indicate (X) areas of activities/committees you would like to serve and that which would serve you:

AGILITY		HOSPITALITY	
CONFORMAITON		PUBLICITY/ADVERTISING	
CANINE GOOD CITIZENSHIP		RING STEWARD	
THERAPY DOG		PROGRAM PLANNING	
OBEDIENCE		MKC OFFICER	
TEMPERAMENT TEST		COMMITTEE MEMBER	
VOLUNTEER		OTHER PLEASE SPECIFY	

By signing below, applicant agrees to abide by the constitution and bylaws and the rules of The American Kennel Club & MKC, as well as signing the Macon Kennel Club's Code of Ethics.

Applicant's Signature: _____

Date: _____

Official Action (To Be Completed by the Macon Kennel Club, Inc.)

Applicant's First Meeting Date: _____ Second: _____ Third: _____

Notations:

General Membership Approval: Yes: _____ No: _____

Date: _____ Dues Paid: _____

Applicant Approval/Disapproval Letter – Date Sent: _____

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