CAVALIER KING CHARLES SPANIEL CLUB OF NORTH TEXAS

JUNIOR MEMBERSHIP RENEWAL

Please print all information

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		
CITY	STATE	ZIPCODE
AFFIX	OUL	CUPATION
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL	FAX	WEBSITE
Check the following that	t apply:	
Activities and areas of inte	erest:	
Dog Ow	ner Breeder and Exhibitor	Breeder only Exhibitor only
Conform	nation Obedience Ag	gilityHealthSocial
How many Cavalier King	Charles Spaniels do you own?	
•	u had in the last two years?	
Are you in good standing	·	
-	pended from the AKC? If "yes", s	state date and circumstances:
-		
How many AKC Events h	ave you attended in the last year?	
What areas are you willing	g to participate in:	
Show Committee Newsletter Club Officer Rescue		
	on/Health Other:	
	educational programs would you be interes	atad in?
Miat type seminars and s	aducational programs would you be interest	sted in:
MEMBER SIGNATURE		DATE
EMAIL:		
PARENT/GUARDIAN SIGNATUR	RE (must be a member in good standing of the CKCSCNT)	DATE