CAVALIER KING CHARLES SPANIEL CLUB OF NORTH TEXAS

MEMBERSHIP APPLICATION

Please print all information

LAST NAME	FIRST NAME	MIDDLE II	NITIAL
ADDRESS			
CITY	STATE	ZI	PCODE
AFFIX	OCC	CUPATION	
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL	FAX	WEBSITE	
Check the following that apply:	i		
Type of Membership:			
<u>-</u>	ership (must be an Associate Membe	, , , , , , , , , , , , , , , , , , ,	od standing)
Associate Memb	pership Ju	ınior Membership	
Activities and areas of interest:			
	Breeder and Exhibitor _		Exhibitor only
	Obedience Ag	gility	
How many Cavalier King Charles	Spaniels do you own?		
How many litters have you had in	the last two years?		
Are you in good standing with the	AKC?		
Have you ever been suspended f	from the AKC? If "yes", s	state date and circumstar	nces:
What areas would you be availab	ole to participate in:		
Show Committe	e Newsletter _	Club Officer _	Rescue
Education/Healt	h Other:		
I agree to abide by the constitution Texas and of the AKC.	on, bylaws and code of ethics of the	Cavalier King Charles S	paniel Club of North
Pursuit to our Bylaws, Article 2, S method of communication.	Section 1-4, your signature below au	uthorizes the club to use	email as the preferred
APPLICANT SIGNATURE		DATE	
EMAIL:			
PARENT/GUARDIAN SIGNATURE (must be	e a member in good standing of the CKCSCNT)	DATE	

Prospective new members must be sponsored by two members in good standing and must attend two CKCSCNT meetings or club sponsored events prior to acceptance by the membership. You must be present to be voted on.

DUES: \$25 Regular Membership	\$20 Associate Membership \$10 Junior Membership
MEETING/EVENT #2	DATE
MEETING/EVENT #1	DATE
SPONSOR SIGNATURE #2	DATE
SPONSOR SIGNATURE #1	DATE

Make checks payable to CKCSCNT, and mail completed forms with payment to:

Frankie Hall PO Box 1289 Argyle, TX 76226

Leave this section blank

Received	Read	Meeting/Event#1	Meeting/Event#2
----------	------	-----------------	-----------------