



I (We) Hereby apply for membership in the Arrowhead Kennel Club, Inc., and agree I (We) will abide by the club's objectives, Code of Ethics and the rules of the American Kennel Club.

Returning Member _____ (date of meeting)

Application Date: _____

Name: _____

Date of birth _____

(month/day only)

Name: _____

Date of birth _____

(month/day only)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Breed(s): _____

My (Our) main interests are: (Check all that apply)

Conformation: _____ Obedience: _____ Agility: _____ Rally: _____ Breeder: _____

Rescue: _____ Other(please be specific) _____

Membership of AKC Clubs (All) _____

Board /Committee Experience (list positions) _____

Applicants Signature

Applicants Signature

Sponsor 1 _____ Sponsor 2 _____

Payment of dues must accompany this application. Please make check payable to Arrowhead Kennel Club (Single \$15.00, Household membership \$20.00)

Mail directly to Pamela Butz: 7906 W. Catalina Drive, Phoenix, AZ 85033

CLUB USE ONLY: Paid ___ Check # _____ Cash _____ Zelle_ahkc2023@gmail.com _____

Meetings Action: _____

Meeting 1

Meeting 2

Read at Board Meeting

Application Read to Membership: _____

Voted: _____