New Member Application

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

Returning Member: _____ Application Date: _____

Name(s): _____ Date of Birth: ___/___ (mo/day)

___/___ (mo/day)

Address: _____ Phone or Cell: _____

City: _____ State:____ ZIP: _____

Email: _____

Breeds: _____

My (our) main interests are: (check all applicable)

[ ] Conformation [ ] Obedience [ ] Agility [ ] Rally [ ] Breeder [ ] Rescue

Other: [ ] _____ (be specific)

All AKC Clubs you belong to: _____

_____

Board/Committee Experience: (list positions) _____

Applicant(s) Signature: _____

Sponsor 1: _____ Sponsor 2: _____

Payment of Dues must accompany this application. Make checks payable to "Arrowhead Kennel Club" Single Individual $15 or Household $20

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

Payment may also be made by *Zelle* to: ahkc2023@gmail.com Please include your name in the memo line.

Club Use Only: $_____ Paid by Check [ ] Cash [ ] Zelle [ ]

Meeting Action: _____ _____ _____ _____ _____

Meeting 1 Meeting 2 Read at Board Meeting Read to General Membership Voted