



Conyers Kennel Club of Georgia, Inc.
Membership application

Date Submitted: _____ Date Accepted: _____
Dues Received: _____ Check # _____

Name: _____ B-days: _____

Address: _____

_____ (home) _____ (cell or work)

_____ (e-mail)

Type of Membership: Single \$10 _____ Family \$10 _____ Junior \$5 _____

List other AKC club(s) of which you are a member: _____

Dog Breeds owned by you, include titles: _____

Average number of litters per year: _____

List of AKC shows you have attended in the past year: _____

Reason for joining Conyers Kennel Club: _____

Areas of interest (Officer, show volunteer, etc.) _____

I agree to abide by the by-laws and constitution of the Conyers Kennel Club and the rules of the American kennel Club

Signature: _____ Date: _____

Recommended by CKC Members: _____