



# SALISBURY, NC KENNEL CLUB, INC.

## Salisbury/Rowan County, North Carolina

### Membership Application

Date: \_\_\_\_\_

Thank you for your interest in joining the Salisbury, NC Kennel Club, Inc. In accordance with our Constitution and By-Laws, SNCKC requires all new candidate members to attend at least four meetings within a six-month period and work two events, one being an AKC sanctioned event, prior to being approved by the Membership Committee and/or Board of Directors.

#### PERSONAL INFORMATION

APPLICANT NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

CONTACT INFO: HOME/CELL \_\_\_\_\_ WORK \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

#### ACTIVITIES AND EXPERIENCE

BREED(S) \_\_\_\_\_

BREEDER/KENNEL NAME \_\_\_\_\_ OWNER \_\_\_\_\_ EXHIBITOR \_\_\_\_\_

YRS IN DOG RELATED ACTIVITIES \_\_\_\_\_ CONFORMATION \_\_\_\_\_ BREEDING \_\_\_\_\_ PET \_\_\_\_\_ OTHER \_\_\_\_\_

DOG CLUB AFFILIATIONS: \_\_\_\_\_ POSITIONS HELD: \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

MEMBERSHIP TYPE: SINGLE (\$10) FAMILY-2 Adults (\$20) JUNIOR (\$5)

Enclosed is \_\_\_\_\_ for the application process. It is understood that this amount will go toward my membership if approved. If elected to membership, I agree to abide by the Constitution and By-Laws and the rules of the Kennel Club.

Make check payable to SALISBURY, NC KENNEL CLUB and mail to: Carleen Wiles 223 Carters Farm Drive Statesville, NC 2862  
**OR VENMO** Carleen Wiles (Carleen@carleen-wiles)

SIGNATURE OF APPLICANT \_\_\_\_\_

SPONSORED BY \_\_\_\_\_ AND \_\_\_\_\_

MEETINGS ATTENDED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

REQUIRED VOLUNTEER EVENTS ATTENDED: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**APPROVED**