

**CAVALIER KING CHARLES SPANIEL CLUB
OF GREATER CHICAGO**

APPLICATION FOR MEMBERSHIP



NAME _____ DATE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ WORK PHONE _____ EMAIL _____

TYPES OF MEMBERSHIP:

Full Membership: We ask that all persons interested in becoming Full Members apply to the club for Associate Membership, attend club meetings and functions, as well as serve on committees for a period of one year. Full Membership within the Cavalier King Charles Spaniel Club of Greater Chicago and its associated Voting Privilege is only available to individuals who have shown a participatory interest in the club during one year of associate membership. Following the first year of Associate Membership, individuals may apply to become Full Members.

Associate Membership retains all the rights and privileges of Full Membership, excluding the right to vote on business that comes before the Club. Individuals may remain as Associate Members indefinitely, should they so desire. Any application for membership after October 1st of the year will have the associated dues payment credited for the following year.

ASSOCIATE (NON-VOTING) \$25 _____

JUNIOR (NON-VOTING; TO AGE 18) DATE OF BIRTH _____ \$15 _____

All prospective members require two Full Member sponsors.

SPONSORS _____

1. How many Cavalier King Charles Spaniels do you own? _____
2. How many litters have you had in the last two (2) years? _____
3. Do you belong to any other dog clubs (All-Breed, Specialty, etc.)? _____
 If "YES", which ones? _____
 Are you currently in good standing with this/these clubs? _____
 If "NO", explain: _____
4. Have you ever held office in another dog club? YES _____ NO _____
5. Do you own any other breed of dog? If so, which ones? _____
6. Are you in good standing with the AKC? YES _____ NO _____
7. Are you a professional in any of the following areas:
 Training _____ Show Handling _____ Boarding Kennel _____ Grooming _____
8. Would you be available to participate in the following areas?
 Show Committee _____ Membership _____ Newsletter _____ Club Officer _____
 Education/Health _____ Rescue _____ Other _____

I AGREE TO ABIDE BY THE CONSTITUTION, BYLAWS AND CODE OF ETHICS OF THIS CLUB AND OF THE AKC

APPLICANT SIGNATURE _____ DATE _____ CO-APPLICANT SIGNATURE _____ DATE _____