

MARSHFIELD AREA KENNEL CLUB
Membership Application

NAME: _____

ADDRESS: _____

HOME PHONE #: _____ E-Mail Address _____

OCCUPATION or PROFFESION _____

WHAT BREED(S) DO YOU OWN? _____

ARE THEY REGISTERED? yes () no () WORK PHONE # _____

ELIGIBLE FOR REGISTRATION yes () no () WITH AMERICAN KENNEL CLUB? ARE YOU INTERESTED IN: CONFORMATION yes () no () OBEDIENCE yes () no () Agility yes () no () Other _____

I agree to abide by the Constitution and By-laws of the Marshfield Area Kennel Club and the Rules of the American Kennel Club. (Please sign and return a copy of the MAKC Code of Ethics with this application for membership)

Signature of Applicant _____

Signature of MEMBER PROPOSING APPLICANT _____

Signature of MEMBER SPONSORING APPLICANT _____

NOTE: Applications for membership can be submitted and approved only by active members in good standing, and must be accompanied by one years dues. Make checks payable to: Marshfield Area Kennel Club.

for club use only below this line

Date Application Received _____

Date Remittance Received by Treasurer _____

Treasure's Signature _____

Date of Board of Directors Review _____

Date Accepted by General Membership _____

NOTE: APPLICANT PLEASE USE BACK OF APPLICATION TO TELL US SOMETHING ABOUT YOURSELF, YOUR DOGS, etc...