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

If you have questions, please call Angela Keller at 847-516-4269 or write to rajkeller@ameritech.net. Please send completed application and check made payable to CKCSC OF GREATER CHICAGO to Angela Keller, 719 Laurel Lane, Cary, IL 60013