



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

Pending: \_\_\_\_\_

*The North Arkansas Kennel Club*

Accepted: \_\_\_\_\_

*Membership Application*

Rejected: \_\_\_\_\_

Please Print

Name(s) \_\_\_\_\_

Occupation: \_\_\_\_\_

Any special interests or abilities: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address if different then above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to be reached: \_\_\_\_\_

Kennel Name (if applicable): \_\_\_\_\_

Breed(s): \_\_\_\_\_

*Signature(s):* \_\_\_\_\_

Check your interest(s):  Conformation  Obedience  Agility  Breeding

Other \_\_\_\_\_

*Sponsor's Signatures:*

1) \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_ State why you feel the applicant should become a member of our club and how this person could be an asset to our club:

\_\_\_\_\_

2) \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_ State why you feel the applicant should become a member of our club and how this person could be an asset to our club:

\_\_\_\_\_

**Yearly Dues are \$10.00 for Single Membership or \$15.00 for a Household (2 person) membership.**

The completed application with 2 sponsors' members in good standing signatures, signed Code of Ethics, and Pre-Membership Survey, and a check for one year's dues should be sent to: Cj Titus, Membership Chairman, P.O. Box 341 Lakeview, AR 72642. (treasurer@nakcharrison.org)

Note: Membership application will be read at the next three general meetings. Member(s) must complete three activities before accepted as a member. (Example of activity: volunteer at a show or match, or attend a meeting or other club activity.)