



MEMBERSHIP APPLICATION

Please Type Or Print Legibly

NAME (Last): _____ (First 1) _____ (First 2) _____

PHONE _____ KENNEL NAME:(If Any) _____

ADDRESS: _____

E-MAIL: _____ FAX: _____

IF YOU WOULD LIKE TO RECEIVE CLUB NOTICES AND NEWSLETTERS _____ OR NOTICES ONLY _____

E-MAIL, PLEASE MARK YOUR CHOICE AND SIGN HERE: _____

OCCUPATION: (1) _____ (2) _____

WHERE DID YOU HEAR OF TFKC? _____

WHY DO YOU WANT TO BECOME A MEMBER? _____

HOW DO YOU FEEL TFKC WILL BENEFIT FROM YOUR MEMBERSHIP? _____

ARE YOU IN GOOD STANDING WITH AKC? _____ IF NOT, PLEASE EXPLAIN ON REVERSE SIDE OF APP.

OTHER KENNEL CLUB MEMBERSHIPS (If Any) _____

PLEASE COMPLETE, AND/OR CHECK COLUMNS BELOW, INsofar AS THEY APPLY TO EACH BREED OWNED BY YOU PERSONALLY.

Number of Dogs	Name Of Breed	Dog Owner # Of Years In Breed	Exhibitor In Breed	Exhibitor	Obedience	Field Trials	Breeder	Puppy Sales	Grown Dog Sales	Service	Stud Judge	Licensed Judge	Provisional Judge	Handler	Profess. Trainer	Obedience Trainer	Other

I HEREBY AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE TRAP FALLS KENNEL CLUB, INC., AS WELL AS THE RULES OF THE AMERICAN KENNEL CLUB.

Signature: _____ Signature: _____ Date: _____

Dues: Single - \$20.00 Family - \$30.00 Junior - \$7.50 Senior - 10% Discount (\$18.00 / \$27.00)

FOR CLUB USE ONLY

Application Received: _____ Published In Newsletter: _____ Newsletters: _____

Board Approval / Rejection: _____ Final Approval / Rejection: _____

Attendance: (1) _____ (2) _____

Letters: (1) _____ (2) _____