



# SCOTT COUNTY KENNEL CLUB MEMBERSHIP APPLICATION

(Complete & submit with non-refundable \$5.00 application fee at your first SCKC meeting)

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_

KENNEL NAME IF APPLICABLE: \_\_\_\_\_

BREED & NUMBER OF DOGS THAT YOU OWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**DOG TRAINING INTERESTS** (CHECK ALL THAT APPLY)

- |                                                                                                                                                                                                 |                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> CONFORMATION<br><input type="checkbox"/> AGILITY<br><input type="checkbox"/> OBEDIENCE<br><input type="checkbox"/> RALLY OBEDIENCE<br><input type="checkbox"/> HERDING | <input type="checkbox"/> FIELD TRIAL<br><input type="checkbox"/> TRACKING<br><input type="checkbox"/> EARTH DOG<br><input type="checkbox"/> PET THERAPY<br><input type="checkbox"/> OTHER _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**APPLICANT STATEMENT OF INTENT**

I/We agree, if elected as a member of Scott County Kennel Club, to abide by its constitution & by-laws, & also those of the American Kennel Club.

APPLICANT SIGNATURE: \_\_\_\_\_

CO-APPLICANT SIGNATURE: \_\_\_\_\_

**SCOTT COUNTY KENNEL CLUB SPONSORS:**

SPONSOR SIGNATURE: \_\_\_\_\_

SPONSOR SIGNATURE: \_\_\_\_\_

**MEMBERSHIP & TRAINING OPTIONS**

**MEMBERSHIP OPTION (CHECK ONE):**

<b>NEW MEMBERSHIP OPTIONS</b>	<input type="checkbox"/> <u>Individual Member</u> (1 person) – 1 vote	<b>\$95</b>
	<input type="checkbox"/> <u>Family Membership</u> (spouses or significant others, dependent children) – 2 votes	<b>\$95</b>
	<input type="checkbox"/> <u>Junior Member</u> (under 18 years of age) – no voting privileges	<b>\$70</b>

**TRAINING OPTION (CHECK ONE):**

<b>NEW MEMBER TRAINING OPTIONS</b>	<input type="checkbox"/> I choose not to include training with my membership	<b>N/A</b>
	<input type="checkbox"/> I would like unlimited classes & open training sessions	<b>\$150</b>

**BALANCE DUE TO CONFIRM MEMBERSHIP AT COMPLETION OF MEMBERSHIP PROCESS:** \$ \_\_\_\_\_

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**FOR SCOTT COUNTY KENNEL CLUB USE**

\$5.00 APPLICATION FEE - PAID    
  1<sup>ST</sup> READING \_\_\_\_\_    
  2<sup>ND</sup> READING \_\_\_\_\_    
  3<sup>RD</sup> READING \_\_\_\_\_  
 BALANCE DUE FOR MEMBERSHIP & TRAINING - PAID    
 AMOUNT: \$ \_\_\_\_\_    
 DATE: \_\_\_\_\_