



Sahuaro State Kennel Club

New Membership Application

This application to be completed by the Adult
(18 years of age or older) applying for membership

Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Occupation: _____

Are you or have you ever been a member of other dog clubs? Please list below:

What breed(s) are you interested in? _____

Areas of interest? Conformation Obedience/Rally Field Events

I have _____ dogs I breed _____ litters in a 3 year period

Are you dogs eligible for AKC Registration? Yes No Do you sell to pet stores Yes No

Average # of AKC dog shows entered per year? _____

Breeds you exhibit: _____

Why do you want to become a member of SSKC? _____

We want you to be part of our activities. Please indicate where you are willing to participate.

Match Committee

Show Committee

Board Member

Other (please list) _____

From SSKC By Laws: "The object and purpose of this club is to promote interest throughout the State of Arizona in the proper breeding, feeding, care, training, and showing of purebred dogs of all breeds recognized by the American Kennel Club." Would you, if accepted as a member, do your best to develop the quoted objectives and purposes? Yes No

SSKC Sponsor #1 (name) _____

SSKC Sponsor #2 (name) _____

Your signature, when affixed to this membership application will affirm your agreement with the SSKC Constitution and Bylaws and you agree to be bound by this Code of Ethics.

Signed _____ Date: _____

Dates of Meeting Attended: Meeting 1 _____ Meeting 2 _____

Dues Paid : \$ _____ Family \$25 or Individual \$20

Application Read at Board Meeting Date: _____

Application Read at General Meeting: 1st Date _____ 2nd Date _____