

COLUMBIA RIVER CKCSC MEMBERSHIP APPLICATION

www.columbiarivercavaliers.com

Please type or print clearly. Applications for membership must be completed in full. Each applicant must have two sponsors who are in good standing with AKC and are regular members in good standing of the Columbia River Cavalier King Charles Spaniel Club and who do not reside in the same household with the applicant or the other sponsor.

Type of Membership I am applying for:

Regular Membership – Enjoys all club privileges including the right to vote and hold office.

Household Membership - Two (2) adult members residing in the same household, each eligible to vote and hold office.

Associate Membership – Entitled to all club privileges except voting and holding office. This is for individuals who live outside of the club's geographical area or who live in the club's area but are not active.

Name: _____

Address _____

Telephone: _____ Cell: _____ email _____

Occupation: _____

Years as a Cavalier owner: _____ years as Cavalier Breeder: _____ How many Cavalier litters have you bred? _____

Do you own another breed(s)? _____ If so, what breed(s)? _____

How many years have you owned the other breed(s)? _____ How many litters of the other breed(s) have you bred? _____

Are you an AKC Judge? _____ Are you a professional handler? _____

Do you exhibit in Conformation Obedience Agility Rally

Please list all breed and specialty clubs you have been a member of and offices held or committees served on. _____

PLEASE READ THE FOLLOWING PLEDGE CAREFULLY.

1. I agree to abide by the constitution and bylaws of the American Kennel Club and of the Columbia River CKCSC.
2. I understand that The Columbia River Cavalier Club has adopted the Ethical Guidelines of the American Cavalier King Charles Spaniel Club, Inc. By signing this application I acknowledge that I have been given a copy of these guidelines and that I agree to abide by them.
3. I am mindful of the responsibility of Club membership. My conduct will at no time reflect adversely on the honor of this club.

Signature: _____ Date: _____

Dues must accompany application. Yearly dues are \$25.00 individual or \$40.00 family. **Make checks payable to Columbia River CKCSC.** Submit application with dues to: Mia Lawson, Treasurer, 2606 SE Laurel St, Milwaukie, OR 97267.

SPONSOR #1 _____ DATE _____

SPONSOR #2 _____ DATE _____

This Portion for club use only – To be completed by the Secretary

Date application received _____ Dues Amount Received _____ Date given to Treasurer _____

Date of First Reading _____ **Date of Second Reading** _____ **Date of Voting** _____

Results of Vote _____

Secretary's signature upon completion: _____ **Date** _____