



CKCSC of Northeastern New York Associate Membership Application

<http://NENYcavaliers.com>

Please check one: Individual Membership Family Membership

Name(s): _____

Address: _____

Member of ACKCSC? _____ Owner of a CKCS? _____ When owned? _____

Other Clubs/Affiliations? _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____ Kennel Name (if applicable) _____

AREAS YOU ARE CURRENTLY INVOLVED: Conformation Obedience Agility
 Pet Therapy Rescue Breeding Other/specify _____

ARE YOU INTERESTED IN: Committee Work - which one(s): PLEASE CHECK

Matches/Organization Newsletter Fund Raising Public Education
 Breeder Referral Membership Rescue/Therapy Other/specify _____

By signing this membership application, you are agreeing to abide by the Club's current By-Laws and Constitution and agree to the Ethical Guidelines of the American Cavalier King Charles Spaniel Club, Inc.; and that you are a member in good standing with The American Kennel Club.

Applicant Signature

Date

Applicant Signature (for family)

Date

Signature of Sponsoring Member

Date

Signature of 2nd Sponsoring Member

Date

*All new members are required to hold an Associate Membership for one year. After one year, Associate Members may apply for a full membership, which will be reviewed by the Officers & Board Members of CKCSCNENY. Full membership applications may be obtained by contacting

Pat Hicks (Membership Committee) or Adrienne Sherman (Secretary).

Please mail your application, along with a check made payable to: CKCSCNENY, Inc. for \$15.00 per Individual Membership or \$20.00 per Family Membership to:

CKCSCNENY, Inc., c/o Pat Hicks, 6 Kelly Road, Latham, NY 12110

Cash _____ Check # _____ Rec'd Date _____ Rec'd By: _____