

TIOGA COUNTY KENNEL CLUB, INC. MEMBERSHIP APPLICATION

Name/names of applicants:

\_\_\_\_\_

Check one:

Single membership

Household Membership

*(Household membership is for 2 members of the same household over 18 - please provide all contact information for both people)*

Junior Membership

*(age 9-17, limited to children of Adult Members in good standing)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

All club correspondence is sent via email

Website: \_\_\_\_\_

Breeds of Dogs Owned: \_\_\_\_\_

Check all that apply: Exhibitor\_\_\_ Breeder\_\_\_ Owner\_\_\_ Judge\_\_\_ Trainer\_\_\_ Handler\_\_\_  
Fancier\_\_\_ Rescue\_\_\_

How many litters in the past 5 years from your:  
stud dog(s)\_\_\_\_\_your bitch(es)\_\_\_\_\_

AKC Titles obtained during the last two years: \_\_\_\_\_

Why do you want to join TCKC, Inc.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What interest, hobbies, skills do you have that might benefit the club?

\_\_\_\_\_

\_\_\_\_\_

Other dog organizations you belong to: \_\_\_\_\_

**REQUIREMENTS FOR MEMBERSHIP APPLICATION:**

1. All prospective members are asked to attend one (1) meeting before your application and dues payment are submitted. You can submit your application at the end of the meeting you attend. This is so you can get to know us and be sure you want to be a member of TCKC, Inc. and we can get to know you.
2. Upon submission of your application and dues payment to the Secretary, your application will be read to the membership at the next monthly meeting and voted on. The first year of your membership will be a Trial membership. The next year, you will reapply for single, household, junior or associate membership.
3. As a member of TCKC, Inc. you are expected to help with two (2) events/activities during the year. PLEASE CHECK TWO (2) OPTIONS: Point shows (Aug) \_\_\_\_\_ eye/heart clinic \_\_\_\_\_ any committee that needs me \_\_\_\_\_

I agree to abide by the constitution and by laws of the Tioga County Kennel Club, Inc. and the rules of the American Kennel Club, Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsors  
signature: 1. \_\_\_\_\_ 2. \_\_\_\_\_

- \_\_\_ 1 year Trial single membership \$15.00
- \_\_\_ 1 year Trial household membership \$20.00
- \_\_\_ Junior Membership (no charge)

*Bring this completed application with you to the next monthly meeting. All TCKC monthly meetings are on the 1st Wed. of the month (no January meeting)*

----- TCKC, Inc. Use Only -----

Check: \_\_\_ Cash: \_\_\_ Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Dates attended meeting: \_\_\_\_\_

Application Read: \_\_\_\_\_

Date voted on: \_\_\_\_\_

Results of vote: \_\_\_ yes \_\_\_ no \_\_\_ Abstain