



St. Croix Valley Kennel Club, Inc.

Application for Membership

. Meetings are held on the first Tuesday of each Month

.Mail all applications to the Club Corresponding Secretary

Each application will be read at the first club meeting following receipt at which the applicant is present.

I HEREBY APPLY for membership in the St. Croix Valley Kennel Club, Inc. and agree, if elected, to conform to the Constitution and By-Laws of the Club and the American Kennel Club. Individual memberships only. Husband and Wife must apply separately.

*Name _____

*Address _____ *State _____ *Zip Code _____

*Home Phone(_____) _____ *Cell Phone(_____) _____

*Email: _____ Occupation _____

*Breed(s) owned _____

Do you own an AKC registered dog? Yes No

Have you registered any litters? _____ If yes, How many? _____

Any AKC Champions? Yes No Any Performance titles? Yes No

May we list starred () lines in the Club directory? Yes No

AREAS OF INTEREST - Check any which apply

Conformation [] Obedience [] Rally [] Agility [] Hunting & Field Trials [] 4H Training []

Tracking [] Lure Coursing [] Other _____

Do you now, or have you in the past belonged to any other dog clubs? Yes No

If yes, please list the club(s) you have belonged to: _____

What activities do you enjoy doing with your dog(s)? _____

I agree to serve SCVKC on two of the following capacities (as a condition of membership)

>Helping at dog shows-

Ring Stewarding: Conformation ☐ Obedience ☐ Rally ☐ Agility ☐

Publicity ☐ Match ☐ Hospitality ☐ Grounds ☐ Other _____

>Helping get ready for dog shows-

Advertising/Publicity ☐ Set Up Take Down at Grounds ☐ Other _____

>Helping with other club activities-

4H Instructor: Showmanship ☐ Obedience ☐ Rally ☐ Agility ☐

Minnesota Responsible Dog Ownership Day ☐ Present program on? _____

Committee Member ☐ Other _____

I enclose \$_____ dues in support of the above application.

++ Regular Membership \$10.00 per person ++ Associate Membership \$5.00 per person (Associate Members not eligible to vote or hold office)

Signature _____ Date _____

TO BE COMPLETED BY ONE CURRENT CLUB MEMBER AND ONE BOARD MEMBER

I support the above application for membership in the St. Croix Valley Kennel Club, Inc.

Signature of club member _____ Date _____

I recommend the above application for membership in the St. Croix Valley Kennel Club, Inc.

Signature of board member _____ Date _____

First Reading _____ Second Reading _____ Elected _____

Mail completed application(s) to:

Corresponding Secretary

7915 County Road 127

Brainerd, MN 56401-7080

New Member Biographical Information for Club Newsletter

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email Address _____

Kennel Name _____

Breed(s) _____

Occupation _____

Dog related interests _____

Non-dog related interests _____

≡ PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR APPLICATION ≡