

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.

Membership Type	Voting Member?	Eligible to Hold Office	Annual Amount
Regular Member:	Yes	Yes	\$10.00
Lifetime: Person who have been regular members for 20 Consecutive years.	Yes	Yes	Free
Associate: people 19 years & up who want to receive the Newsletter and be eligible for annual awards only.	No	No	\$5.00
Juniors: people between the ages of 9 and under 18 who want to receive the Newsletter and be eligible for annual awards only.	No	No	SCVKC Scholarship

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.

* May we list starred (8) lines in our club directory? YES NO

	Printed Name	Membership Type (From above)	Best Phone/Cell Number for contact
*Primary Member:			*
*Secondary Member:			*
Additional Member:			
Additional Member:			
Additional Member:			

*Address _____ State _____ Zip Code _____

*Primary Member Email: _____

*Secondary Member Email: _____

*Breeds Owned: _____

Do you own an AKC registered dog? YES NO

Have you registered any litters? YES NO If yes, how many? _____

*Kennel Name _____

Member Name that you registered the litters under _____

Any AKC Champions? YES No Any Performance/Companion Titles? YES NO

Areas of Interest / Activities you enjoy with your dogs: Please check all that apply

Conformation Obedience Rally Agility FastCat Hunting & Field Trials Tracking

Lure Coursing Trick Dog 4H Training 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 _____

I agree to serve in two of the following SCVKC capacities as a condition of membership:

SCVKC Committee Member YES NO

Ring Stewarding at SCVKC Events YES NO

Advertising/Publicity of SCVKC Events YES NO

Set up & Take down at SCVKC Events YES NO

Other assistance I can provide _____

I enclose a total of \$_____ First year (Partial or Full year) dues in support of the above application as based on Membership types being applied for on page 1. I understand that the Annual Membership renewals will be due in February of each year.

Primary Member Signature _____ Date _____

Current Member Recommendation:

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

Current Member Signature _____ Date _____

Board Member approval:

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

Board Member Signature _____ Date _____

Please mail the completed application to:

John Armour
SCVKC Corresponding Secretary
920 Stryker Ave.,
West St. Paul, Minnesota 55118