

Mountaineer Kennel Club

Member American Kennel Club

PO Box 562, Dellslow, WV 26531

Name: _____ Occupation: _____

Address: _____ City/State/Zip: _____

Phone home: _____ work: _____ cell: _____

Email: _____

List the dogs you currently own. If more room is needed, please attach an additional sheet.

<u>Name</u>	<u>Breed</u>	<u>Birthdate</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list titles your dog(s) hold. If more room is needed, please attach an additional sheet.

What are your areas of interest for your dog(s)? Check all that apply.

Conformation ___ Agility ___ Obedience ___ Therapy ___ Nose Work ___ Family Dog Training ___

Please describe other dog activities in which you are or have been involved.

What is your previous dog club experience? _____

Have you taken training classes with MKC or elsewhere? Yes ___ No ___ Please list classes and facility.

Do you breed dogs? Yes ___ No ___ Name of Kennel: _____

If yes, how many litters per year on average? _____

Why are you interested in joining this club? _____

Have you ever been charged with violation of animal cruelty or neglect laws? Yes ___ No ___

If yes, please explain and describe. _____

As an MKC member, you will be expected to work on at least one committee to ensure our club and its activities are successful. Please indicate which committee(s) you would be interested in working on.

- | | |
|--|---|
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Training Classes |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Public Education Events |
| <input type="checkbox"/> Hospitality at Meetings | <input type="checkbox"/> Event Planner or Worker |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Building and Equipment Maintenance |
| <input type="checkbox"/> Breeder Referral | <input type="checkbox"/> OTHER _____ |

I agree to abide by the Constitution and Bylaws of the Mountaineer Kennel Club and I understand the duties and responsibilities of being a member. A copy of the Constitution is available on our website (www.mkclub.org) or from the Membership Chair.

Member Applicant Signature: _____ Date: _____

Membership eligibility requires endorsement by **two** MKC club members in good standing and participation in at least **two** of the following: attendance at club meetings or having worked club activities.

Meetings Attended: Date: _____ Date: _____

Activity Worked: _____ Date: _____

Activity Worked: _____ Date: _____

AND

Signature of MKC Sponsor: _____ Date: _____

Signature of MKC Sponsor: _____ Date: _____

After you have completed the eligibility requirements above, please submit this application with a check payable to MKC to the Membership Chair: Sherry Kuehn, 207 Brookhaven Road, Morgantown, WV 26508. Annual dues are \$25.00 per regular member and \$15.00 for junior members (under 18 years old). Dues received between August 1 and October 31 are \$12.50/\$7.50. After November 1, full price dues will be applied to the following year.

OFFICE USE ONLY (Form rev. 11/2015)

Dues Received on Date: _____ Check Number: _____

Eligibility Requirements Verified on Date: _____

Approved for Membership on Date: _____