



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 _____

*Home Phone (____) _____ *Work Phone (____) _____

*Home Fax (____) _____ *Work Fax (____) _____

*Email _____ Occupation _____

*Breed(s) owned _____

*Kennel name _____

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 [] Hunting & Field Trials [] 4H Training []

Agility [] Tracking [] Other _____

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

➤ **Helping at dog shows—**

Ring Stewarding: Conformation [] Obedience [] Agility []

Publicity [] Match [] Hospitality [] Other _____

➤ **Helping get ready for dog shows:**

Advertising/Publicity [] Set Up / Takedown at Grounds [] Other _____

➤ **Helping with other club activities:**

4H Instructor: Showmanship [] Obedience [] Agility []

Present Program on _____

Committee Member [] Other _____

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

[‡] Regular dues \$10 per person OR

[‡] Associate dues \$5 per person. (Associate members not eligible to vote or to hold office)

Signature _____ Date _____

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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 _____

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For more information, you may contact the following St. Croix Valley Club members:

Karl Reimer (651) 351-7510
Sue Stoterau (651) 407-7054

Mail completed application(s) to:

**Corresponding Secretary
PO Box 25765
Woodbury, MN 55125-0765**

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 ≡