

CAVALIER KING CHARLES SPANIEL CLUB OF NORTHERN FLORIDA

Membership Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL _____ ARE YOU OVER 18? _____

OCCUPATION _____ EMAIL _____

DO YOU HAVE A KENNEL PREFIX, IF SO IS IT REGISTERED? _____

ARE YOU A _____ OWNER _____ EXHIBITOR _____ BREEDER _____ AKC JUDGE

HAVE YOU EVER BEEN SUSPENDED FROM THE AKC? (if so explain)

LIST ALL KENNEL, SPECIALITY OR NATIONAL CLUBS YOU BELONG TO

DO YOU HAVE ANY CAVALIERS? _____ HOW MANY/WHAT COLORS _____ / _____

DO YOU OWN OTHER BREEDS (if so which ones)

HOW MANY LITTERS A YEAR DO YOU HAVE?

WHAT AREAS IN THE CLUB INTEREST YOU?

ARE YOU WILLING TO SIGN AND ABIDE BY OUR CODE OF ETHICS & BY-LAWS?

The following notification from AKC must be read and authorized by member signature, that you agree to the notification: Clubs may send members notification of club meetings, board meetings via email provided that each member agrees to this method of communication by providing authorization signature. Such authorization releases the MFCKCSC from any liability should the notification not be received or received late by member or members due to circumstances beyond the Clubs control.

By affixing my signature below I agree to receive email notification from club.

SIGNATURE OF APPLICANT(S)

The applicant(s) understands that their name(s) will be posted in the club newsletter for member comments to the membership committee, which will be weighed into your acceptance or denial process and decision.

PLEASE MAKE CHECKS PAYABLE TO **CKCSC OF NFL** Kindly remit to

**Renee Wise
842 NE Delphinium Drive
Madison, Florida 32340**

Type of membership: Regular \$30.00

Family \$50.00

Associate \$20.00 _____

Sponsor # 1 _____ 2. _____

1st reading

2nd reading

Approved/Denied date