



OCKC MEMBERSHIP APPLICATION FORM

(WEB SITE: WWW.OCKC.ORG OR E-MAIL: CONTACT@OCKC.ORG)

NAME (PRINT) _____ PHONE# _____

ADDRESS _____

CITY _____ PROV _____

POSTAL CODE _____ E-MAIL _____

BREED OF DOG(S) _____

(YOU UNDERSTAND ANY REFERENCE TO "DOG(S)" WILL MEAN "PUREBRED DOG" AS DEFINED BY THE CANADIAN KENNEL CLUB)

INTEREST in SHOWING BREEDING OBEDIENCE OTHER

KENNEL NAME (IF APPLICABLE) _____

CKC MEMBERSHIP # _____

LIST OTHER KENNEL CLUB(S) WHERE YOU ARE A MEMBER

HAVE YOU BEEN ACTIVELY ENGAGED IN AN OFFICIAL CAPACITY IN ANY KENNEL CLUB(S)? IF SO, PLEASE INDICATE POSITION

PLEASE NOTE: IN SIGNING THIS APPLICATION THE APPLICANT ACKNOWLEDGES THEY HAVE READ THE OCKC CONSTITUTION (AVAILABLE ON THE WEB SITE AT WWW.OCKC.ORG/MEMBERSHIP) AND ARE AWARE ESPECIALLY OF THE RULES OF MEMBERSHIP AND OF THE "ACTIVE MEMBER" CLASS, AND AGREES TO ABIDE BY THESE RULES AS STATED.

I AGREE: SIGNATURE _____ DATE _____

MEMBERSHIP FEES SINGLE \$25 FAMILY \$45

PLEASE MAKE CHEQUES PAYABLE TO ONTARIO COUNTY KENNEL CLUB AND SUBMIT WITH THE APPLICATION FORM

NEW APPLICANT MUST BE SPONSORED BY TWO OCKC MEMBERS

MEMBER 1 SIGNATURE _____ **MEMBER 2 SIGNATURE** _____

OFFICE USE ONLY

DATE RECEIVED _____ DATE ACCEPTED _____ DATE PAID _____

DATE OF 1ST READING _____ DATE OF 2ND READING _____