



SCHOHARIE COUNTY KENNEL CLUB APPLICATION FOR MEMBERSHIP

NAME: _____

OCCUPATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ Cell: _____

Email: _____

MEMBERSHIP CHOICE:

☐ Individual

☐ Family

☐ Junior

Names of other family members:

HOW DID YOU HEAR ABOUT SCKC? _____

TELL US ABOUT YOUR DOGS:

Name: _____ Breed: _____ Age: _____

Name: _____ Breed: _____ Age: _____

Name: _____ Breed: _____ Age: _____

SCKC is a force free organization

Have you reviewed the SCKC Constitution, Bylaws, and Code of Conduct? ☐ Yes ☐ No

WHAT DOG SPORTS ARE YOU INTERESTED IN? (Check all that apply)

☐ Conformation

☐ Rally

☐ Herding

☐ Dock Diving

☐ Obedience

☐ Fast CAT

☐ Tracking

☐ Barn Hunt

☐ Agility

☐ Scent Work

☐ Lure Coursing

☐ Trick Dog

☐ Fetch

☐ Fit Dog

☐ Other

ARE YOU CURRENTLY TAKING ANY TRAINING CLASSES WITH YOUR DOG?

Class

Trainer

Location

Do you have any skills you are willing to share with the club?

(Trainer, AKC Evaluator, Videographer, Photographer, Web-Designer, Computer/Tech, etc.)



Are you willing to help with club responsibilities and activities for the benefit of club members and the public? Yes

I have read and agree to abide by SCKC's Constitution, Bylaws, and Code of Conduct.

Signature: _____ Date: _____

Date: _____

(Both adults in a family membership please sign above.)

Membership Dues:

Family \$30

Individual \$20 ☐

Junior \$10 ☐

*Applicants are required to attend the membership meetings when their applications are read and voted on.

Please return completed applications to:

barksckc@gmail.com

Or, mail to Schoharie County Kennel Club, c/o Lois Goblet, 576 Treadlemire Road, Berne, NY 12023

****TO BE COMPLETED BY SCKC SECRETARY****

Date of application reading: _____

Date of application voting: _____

Applicant(s) accepted into membership: ☐ YES ☐ NO

Secretary: _____ Date: _____