

Southern Nevada Cavalier King Charles Spaniel Club, Inc

Membership Application

Please print or type

[] Name _____

[] Address _____ City _____ State _____ Zip _____

[] Home Phone _____ Work _____ Fax _____

[] E-mail _____ Web site _____

(Please mark the above items that MAY be published in the club membership list, newsletter, or web site)

Occupation _____

Kennel Name _____ AKC Registered _____

List all Kennel Clubs, Specialty or Obedience Clubs to which you belong _____

When did you first acquire a Cavalier? _____ When did you first exhibit? _____

List other breeds you keep, have kept, bred, shown or judged: _____

Are you currently judging dogs? _____ What breeds and/or groups? _____

Are you currently breeding dogs? _____ Exhibiting? _____

Have you ever been suspended from the privileges of the AKC? _____

If "yes", state dates and circumstances: _____

In signing the applicant agrees to abide by the By-Laws and Rules of the Southern Nevada Cavalier King Charles Spaniel Club, the American Cavalier King Charles Spaniel Club, Inc. and the American Kennel Club, acting always in the best interest of the Club and purebred dogs.

I hereby understand and agree to the above statement:

Signature of Applicant _____ Date _____

Printed Name and Signature of Sponsor _____

Printed Name and Signature of Sponsor _____