



Augusta Kennel Club
Member of the 'American Kennel Club since 1946

Membership Application

Name _____ Birthdate: _____ Month _____ Day _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Occupation: _____

Type of Membership: Regular Junior (10-17 years) Dues: \$20 Regular, \$10 Juniors

Please list below all dogs owned by application (use back for additional dogs, if necessary)

Name Breed AKC Registration Number

1. _____

2. _____

3. _____

Are you active in showing dogs? Please list AKC events you have attended in the past calendar year. (Use back if additional space is needed)

What are your interests?

What committees would you like to serve on?

Show Match Judges Selection Public Education Club Events

Obedience Legislative Hospitality Trophies

Sponsored by: 1. _____ Signature _____

2. _____ Signature _____

If elected to membership, I agree to abide by the Constitution and By-Laws of the Augusta Kennel Club, Inc. and the rules of the American Kennel Club.

Applicant Signature _____ Date Applied: _____

Application may be submitted after attendance of 3rd Club Meeting. Application fee will apply toward dues. Memberships approved after September Meeting- dues apply towards next calendar year.

Date of First Reading _____	Date of 2 nd Reading: _____
Vote (date): _____	For _____ Against _____
Approved for Membership <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	