TCKC MEMBERSHIP APPLICATION

Applicant Information (PLEASE PRINT)

Name: _____ **Birthday:** ____ / ____ *(Mo/Day)*

Name: _____ **Birthday:** ____ / ____ *(Mo/Day)*

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____)_____ **Email:** _____

Dogs (name/breed) _____ _____

_____ _____

Membership Interest: Why do you wish to become a member of Town & Country Kennel Club?

_____

_____

_____

Signatures:

Applicant: _____ **Date:** _____

Sponsor #1: _____ **Date:** _____

Sponsor #1 Email: _____ **Phone #:** (____)_____

Sponsor #2: _____ **Date:** _____

Sponsor #2 Email: _____ **Phone #:** (____)_____

APPLICANT(S) MUST ALSO SIGN THE ATTACHED WAIVER

_____

CLUB USE ONLY:

Membership Type and Fees:
☐ Individual $50.00
☐ Family $65.00
☐ Junior $25.00

1st Reading Date: _____
Present: ☐Y ☐N

2ndReading Date: _____
Present: ☐Y ☐N

Paid: ☐Y ☐N
Date: _____

Waiver Signed: ☐Y ☐N

Route: ☐ Secretary, ☐ President, ☐ Treasurer