

## **Upstate Kennel Club**

## ~ Licensed UKC Club ~

## PO Box 464, Lancaster, NY 14086

## **Application for Membership**

Date					
Name					
Address					
	House #		Street		
	City/Town	State		Zip Code	
Telephone # - (H)		(Cell)			
E-Mail Address					
FaceBook Login					
Spouse's Name					
Telephone # - (H)		(Cell)			
E-Mail Address					
FaceBook Login					
Breed(s) you own: _					
Your Kennel Prefix (if	applicable)				
What are your intere	sts?				
Conformation _	ObedienceTrac	ckingHerding	AgilityRally	_ Field	
Pet Partners/ TDI/	/CGC/SPOT Nose \	WorkBarn Hun	tJudge Puppy Matcl	hDock Diving	Weight Pull
Other UKC affiliat	ted activity (describe)				

List the activities for which you will volunteer to work at Upstate Kennel Club Events (Currently conformation shows, obedience trials, CGC/TDI, puppy match, barn hunts):

Other dog clubs and/or related activities	to which you belong now or have belonged to in the past, and offices/positions hel	d:
Name/s of club/s and office/s and position	/s held or activity participated in:	
Still affiliated:yesno		
Reason for leaving if answering no:		
*Point of contact for affiliated club/s:		
Name of Club Officer/s	Tel Number/s	
Name of Club Officer/s	Tel Number/s	
I/we have participated in the following re	sistries:UKCAKCCKCOther: (name other)	
Best time to contact you: Morning	Afternoon Evening	
Membership Levels		
Please check the level of membership for v	rhich you qualify.	
Single Membership - \$15.00 shall o	onsist of one person entitled to one vote.	
Family - \$25.00 shall consist of two	members of a given family residing in the same household, each entitled to one vote	<u>)</u> .
	on-voting) this membership is for an individual who wishes to show interest and supports will receive club mailings, and will have no vote and may not hold office.	ort
	, ,	
Write checks payable to Upstate Kennel (	lub. Remit to Upstate Kennel Club PO Box 464 Lancaster, NY 14086	
Signature:	Date:	
Spouses Signature:	Date:	
Membership Chair:	Date:	

Michele Baker