

AMERICAN COCKER SPANIEL CLUB OF CANADA – NEW MEMBERSHIP AND RENEWAL APPLICATION

Name: _____ CKC Membership # _____

Address: _____ City: _____ Province _____ Postal Code _____

Email: _____ Phone # (_____) _____ Fax # (_____) _____

1. How long have you owned/bred American Cocker Spaniels? _____

2. Are you a member of another Club? _____

3. Are you willing to devote some time to club activities/projects? Yes _____ No _____

4. Areas of interest: Breeding: _____ Show: _____ Obedience: _____ Agility: _____ Tracking: _____

Hunting: _____ Pet Visitation Therapy: _____ Rescue: _____ Other: _____

5. Services Provided: Grooming: _____ Boarding: _____ Training: _____ Handling _____

If Your Area of Interest is Breeding, please complete the following:

6. Have you ever been suspended or deprived of your CKC privileges? Yes _____ No _____ if yes please

explain _____

7. Have you ever been convicted of cruelty to animals? Yes _____ No _____

8. What variety or varieties do you breed? Black: _____ ASCOB _____ Parti _____

9. How many litters a year do you breed? 1 - 2 _____ 3 - 5 _____ More _____

10. Do you sell your puppies on a spay/neuter contract? Yes _____ No _____

11. Do you wish to have your name released to prospective buyers? Yes _____ No _____

12. Do you give written guarantees with you puppies? Yes _____ No _____

13. Do you do any health checks? Yes _____ No _____ If so, please specify _____

14. Do you breed other breeds? _____

Are there any further comments you wish to make? _____

I certify that the above information is true and accurate to the best of my knowledge. I have read and agree to abide by the Constitution, By-Laws and the Code of Ethics of the American Cocker Spaniel Club of Canada as well as the rules of the Canadian Kennel Club.

Signature: _____ Date: _____

By signing below, I agree to have my name, address and phone number put on ACSCC website for the purpose of notifying members that I wish to join. This may be viewed by the public.

Signature: _____ Date: _____

Fee enclosed: New Membership: \$ _____ * Renewal of active membership: \$ _____ (\$20.00)

*Please note: New members do not pay the new member fee of \$25.00 until voted in.

Sponsoring Member:

Name _____ Signature: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Kennel Name: _____ Phone #: (_____) _____ Fax# (_____) _____ Email: _____

Sponsors please provide the person you are sponsoring with the name of address of your area Director. Applications are to go to them first.