



AMERICAN COCKER SPANIEL CLUB OF CANADA – NEW MEMBER APPLICATION

Name: _____ CKC # if member _____
Address: _____ City: _____ Province ____ Postal Code _____
Email: _____ Phone # (____) _____
Method of contact with members is by email unless otherwise specified _____

1. How long have you owned/bred American Cocker Spaniels? _____
2. Have you ever been convicted of cruelty to animals? Yes _____ No _____
3. Are you a member of another Club(s) ? If so name(s) _____
4. Are you willing to devote some time to club activities/projects? Yes _____ No _____
5. Areas of interest: Breeding:___ Show:___ Obedience:___ Agility:___ Tracking: ___ Nosework: ___ Field Trials ___
Pet Visitation Therapy: ___ Rescue: ___ Other: _____
6. Services Provided: Grooming: _____ Boarding: _____ Training: _____ Handling _____

Please provide a short biography as to how you got started in cockers (please use back of page)

For breeders or those interested in breeding:

1. Have you ever been suspended or deprived of your CKC privileges? Yes ___ No ___ If yes please explain on back
2. What variety or varieties do you breed? Black: _____ ASCOB _____ Parti _____
3. How many litters a year do you breed?
4. Do you sell your puppies on a non-breeding contract? Yes _____ No _____
5. Do you wish to have your name released to prospective buyers? Yes _____ No _____
6. Do you give written guarantees with you puppies? Yes _____ No _____
7. What health checks do you do? Please specify (use back page if necessary) _____
8. Do you breed other breeds? Yes _____ No ___ If yes what breeds _____

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: _____

***Please note: New members do not pay the new member fee of \$30.00 until they have been voted in.**

Sponsoring Member:

Name _____ Signature: _____
Address: _____ City: _____ Province: _____ Postal Code: _____
Phone #: (____) _____ 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.