



MEMBERSHIP APPLICATION

New Member Renewal
(Please circle)

BRAINERD KENNEL CLUB

P.O. Box 622
Brainerd, MN 56401-0622

Each application will be read at the first club meeting following receipt at which the applicant is present.

I HEREBY APPLY for membership in the Brainerd Kennel Club and agree, if elected, to conform to the constitution and BY-laws of the Club and the American Kennel Club

*Name _____

*Address _____

*Home Phone (____) _____ *Work Phone (____) _____

*Cell Phone (____) _____ *Email _____

Occupation _____

Would you prefer to receive your newsletter via: Email ____ Mail ____

Type of membership: Regular ____ Junior ____ Associate ____

*Breed (s) owned _____

*Kennel Name _____

Do you own an AKC registered dog? Yes ____ No ____

Have you registered any litters? ____ If yes, how many? ____

Any AKC champions? Yes ____ No ____

Any performance titles? Yes ____ No ____ If yes, please list _____

***May we list starred (*) lines in the club directory? Yes ____ No ____**

(over)

Do you now, or have you in the past belonged to other dog clubs? Yes ____ No ____

If yes, please list the clubs you have belonged to: _____

What activities do you enjoy doing with your dog? _____

Describe your reasons for joining the Brainerd Kennel Club _____

Membership fees are \$10 for a regular membership, \$5.00 for an associate membership and junior membership is free to persons 9 to 17 years of age. Associate and junior members are **not** eligible to vote or to hold office. Fees must be included with the completed application. Your membership application will be read at the next meeting. Members will vote to accept your application at the following meeting. The annual membership fee is paid each January. Your fees included with this application will grant you one full year of membership and your payment for annual dues will begin the January following your first year of membership.

Signature (s) of applicants (s):

Date of completed application: _____

Mail completed application and check to:

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