



## North Shore Kennel Club, Inc.

### Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Kennel Name: \_\_\_\_\_

Breeds: \_\_\_\_\_

1. Please list names of any Breed, Kennel, Obedience, or Tracking Clubs in which you held or now hold membership (Dates of membership, offices held if (any) \_\_\_\_\_
2. Do you exhibit in A.K.C. shows or matches? If so, check all that apply below:
  - Conformation: \_\_\_\_\_
  - Obedience: \_\_\_\_\_
  - Tracking: \_\_\_\_\_
  - Date you started showing: \_\_\_\_\_

2. If not showing at the present time do you plan to in the Future Yes: \_\_\_ No: \_\_\_

3. Are you a Breeder If so, which breeds?  
\_\_\_\_\_

4. If not exhibiting in A.K.C. shows or breeding what other interests do you have relating to dogs:  
\_\_\_\_\_

5. Have you ever been, or are you now, suspended from the A.K.C. or any dog club. Yes: \_\_\_ No: \_\_\_

6. Have you been cited by the S.P.C.A. Yes: \_\_\_ No: \_\_\_ If the Answer to either is yes, please give complete details:  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have experience or training which you would be willing to offer the club Organizational or Professional Skills:  
\_\_\_\_\_  
\_\_\_\_\_

I understand the NORTH SHORE KENNEL CLUB, Inc was formed for civic, educational and benevolent purposes and particularly to hold shows of dogs and other domestic or either, and to encourage the raising of choice breeds of dogs and other domestic animals together with all kinds kindred or incidental to them. It is agreed by the applicant that to be accepted as a member of the NORTH SHORE KENNEL CLUB, INC. is a privilege and not a right and that should the applicant be denied membership, no reason need be given I hereby apply for provisional membership in the NORTH SHORE KENNEL CLUB, INC. and, if accepted, agree to abide by its purposes and By-Laws and understand that failure to do so may result in expulsion as a member.

Membership type: Family: \_\_\_\_\_ Single: \_\_\_\_\_

Signature of Applicant (S): \_\_\_\_\_

Name of Sponsor: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_ Veterinarian's Phone Number \_\_\_\_\_

**Return Application to: Cindy J. Ells; 118 Boston Rd North Billerica, Ma. 01862-1312**

Date presented to Executive Board: \_\_\_\_\_ Published in Newsletter: \_\_\_\_\_

Action taken by Board: \_\_\_\_\_ Applicant Notified on: \_\_\_\_\_