



NOLAN RIVER KENNEL CLUB, INC.

Licensed by the American Kennel Club

(Please return completed application and check for membership fee to the Office
of the Secretary, PO Box 1194, Red Oak, TX 75154-1194)

Nolan River Kennel Club, Inc.

MEMBERSHIP APPLICATION FORM

I/we hereby make application for membership in the Nolan River Kennel Club. If accepted by the membership, I/we agree to abide by the constitution and bylaws of the Club and the rules of the American Kennel Club and to conscientiously promote the best interest of purebred dogs to the best of my/our ability. I/we clearly understand that memberships are based on a current calendar-year basis and that I/we shall be entitled to full rights and privileges for that period. Further, I/we understand that dues are due and payable on January 1 of each calendar year.

MAKE ALL CHECKS PAYABLE TO: NOLAN RIVER KENNEL CLUB

Fees: SINGLE MEMBERSHIP FEE \$ 7.50
COUPLE MEMBERSHIP FEE \$10.00 (Husband & Wife)

PLEASE PRINT OR TYPE:

Date: _____

Mr. _____ Mrs. _____ Ms. _____ Mr. & Mrs. _____

Birthday (1) _____ Mo _____ Day

(2) _____ Mo _____ Day

Anniversary _____ Mo _____ Day

Name(s): _____

Address: (Including Zip Code) _____ Street _____ City & State _____ Zip _____

(_____) _____ Occupation _____

Phone _____ email _____

Breed of Dog(s) owned _____

Do you show in Conformation? _____ Performance Events (If so, which ones)? _____

Do you currently own any Champions? _____ Performance Event Titleholders? _____

Have you bred any litters during the past year? _____

Do you sell dogs to pet shops or commercial dealers for resale? _____

Are you now or have you ever been suspended by the American Kennel Club? _____ If so, for what reason and for how long (Also, the dates) _____

Names of other dog clubs to which you currently belong _____

Offices held in other dog clubs (currently or in past years) _____

How many years have you been a fancier? _____ Are you a Licensed Judge? _____ Hobbies outside of dogs _____

Experience in Public, Community, or Charitable Organizations _____

In which phase of Club work would you volunteer to help? _____

Applicant Signature _____ Spouse Signature _____

Your signature attests that all of the above information is accurate and true to the best of your knowledge.

New Applicant(s) Approved by: Two (2) Members, unrelated and not residing in the same household, MUST sign

Signature _____

Signature _____

Please Print Name _____

Please Print Name _____

Date Membership Approved _____

NRKC (Rev. 03/09)

(OVER)