



Seward County Kennel Club

MEMBERSHIP APPLICATION

Please return application and payment to
Linda Soukup 1661 28th Rd, David City, NE 68632

Make checks payable to Seward County Kennel Club.
Membership fees are due February 1. The year runs Mar 1 thru Feb 28.

NAME(S) _____

ADDRESS _____

CITY, STATE _____ ZIP _____

EMAIL _____ PHONE _____

Type of Membership: Family Membership (\$15/year) Individual Membership (\$10/year)

Areas of Interest: Obedience Conformation Agility Rally Agility Barn Hunt

Areas of Involvement: Exhibitor Owner Breeder Fancier

How many dogs do you own or co-own? _____ Please list them on the reverse side of this form.

Have your AKC privileges ever been suspended or revoked? Yes No If yes, please explain below.

Are you a member of any other dog clubs or dog-related organizations? Yes No If yes, please list below.

I(We) hereby apply for membership in the Seward County Kennel Club. I(We) agree to abide by the Club Constitution and its By-Laws. I(We) agree to abide by the Rules and Regulations of the American Kennel Club.

APPLICANT _____ DATE _____

APPLICANT _____ DATE _____

SPONSOR #1 _____ DATE _____

SPONSOR #2 _____ DATE _____

FOR CLUB USE ONLY - Date Received _____ Dues Received Newsletter Notice Vote - () Yes () No

DOG OWNERSHIP INFORMATION

AKC REGISTERED NAME: _____

CALL NAME: _____ DATE OF BIRTH: _____

BREED: _____ BREEDER: _____

AKC REGISTERED NAME: _____

CALL NAME: _____ DATE OF BIRTH: _____

BREED: _____ BREEDER: _____

AKC REGISTERED NAME: _____

CALL NAME: _____ DATE OF BIRTH: _____

BREED: _____ BREEDER: _____

AKC REGISTERED NAME: _____

CALL NAME: _____ DATE OF BIRTH: _____

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