



# Butte County Kennel Club, Inc. Application

P.O. Box 513, Chico, CA 95927-0513

Type of Membership: \_\_\_ Individual (\$15) \_\_\_ Family (\$25) \_\_\_ Junior (\$10) \_\_\_ Senior (\$10)

Regular Membership: \_\_\_\_\_ Approved: \_\_\_\_\_ Check #: \_\_\_\_\_

Associate Membership: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Cash Rec: \$ \_\_\_\_\_

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

I hereby apply to the **Butte County Kennel Club**, Inc. for membership. I agree to abide by their constitution, bylaws, and policies and the rules of the **American Kennel Club**.

My interest in dogs lies in the following (Check any that apply and list # years of involvement if applicable):

Breeding: \_\_\_ Obedience: \_\_\_ Conformation: \_\_\_ Rally: \_\_\_ Agility: \_\_\_ Herding: \_\_\_  
ScentWork: \_\_\_ Carting: \_\_\_ SAR: \_\_\_ Rescue: \_\_\_ Lure Coursing: \_\_\_ Hunt Tests: \_\_\_  
Field Trials: \_\_\_ Earth Trials: \_\_\_ Judging: (type) \_\_\_\_\_ Other: (Specify) \_\_\_\_\_

Please list breeds of dogs, their ages and number that live in your home: \_\_\_\_\_

Note: Pursuant to **Butte County Kennel Club, Inc.** bylaws, Article 2, Section 3, 4 and 5 prospective regular members must attend three club meetings before the club will accept an Application for Membership. Associate members need not attend the required meetings. They will not have a vote at the meetings but, can participate in all club functions. Each application shall be read at the first regular Board-/General-Meeting after it is received, and voted upon by secret ballot on or after the applicant's third meeting. All prospective members must attend the meeting to be voted upon. A two-thirds affirmation vote of those members present and voting is needed for approval.

First Meeting: \_\_\_\_\_ Second Meeting: \_\_\_\_\_ Third Meeting: \_\_\_\_\_ Fourth (Jr's): \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application is to be submitted to the Secretary or President with yearly dues. A family unit is no more than (2) adults, meeting membership requirements, residing in the same household and voted on at the same time. If applicant(s) is turned down for membership, they must wait a year to re-apply.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_