



Cape Cod Kennel Club, Inc.

Full Membership Application

Date: _____

Membership Type: Individual ___ Household ___ Junior ___

Name(s) _____

Address _____

City, State Zip _____

Phone # (_____) _____ - _____

Email address: _____

Having met the three-event criteria (attendance at general meetings and/or assistance with designated events) within the specified time period, I (we), the undersigned, hereby apply for membership in Cape Cod Kennel Club, and if elected, hereby agree to abide by the Constitution and Bylaws of Cape Cod Kennel Club and the American Kennel Club. As an Individual or Household member, I (we) understand Cape Cod Kennel Club shall grant full club privileges. As a Junior member, I understand Cape Cod Kennel Club shall grant all club privileges except the rights to vote and hold office.

Signature(s) of Applicant(s)

Signatures of Two Sponsoring Members

Annual dues of \$20 for an Individual, \$25 for a Household, or \$10 for a Junior Membership must accompany the application and are non-refundable. Make checks payable to Cape Cod Kennel Club, Inc. Send the completed application and dues to:

Mary Bassing
254 High Street
West Barnstable MA 02668
508-362-7936 mtbassing@aol.com