



Cape Cod Kennel Club, Inc.

Introductory Membership Application

Date: _____

Name(s) _____

Address _____

City, State Zip _____

Telephone _____ Email _____

Breed(s) Owned: _____

If you are/have been a member of other canine clubs, list their names.

Interests? Obedience ___ Show Handling ___ Agility ___ Rally ___

Other _____

Would you be willing to help with any of the following:

Shows/Matches ___ Publicity ___ Wherever Needed ___

To be considered for membership, I (we) understand that I (we) will have to meet a three-event criteria (attendance at general meetings and/or assistance with designated events) within the next six months.

Signature(s) of Applicant(s)

Send this completed application and \$5 Membership Fee to:
Mary Bassing
254 High Street
West Barnstable MA 02668
508-362-7936 mtbassing@aol.com

For Cape Cod Kennel Club Use Only

Date Received _____

Criteria Met: _____

1 _____ 2 _____ 3 _____