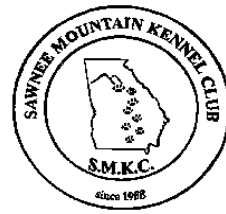


Sawnee Mountain Kennel Club of Georgia, Inc.
Membership Application Form



NAME(S): _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: (HOME) (____) ____-____ (WORK) (____) ____-____

(CELL) (____) ____-____ (FAX) (____) ____-____

Breeder _____
 Exhibitor _____
 Dog Owner _____
 AKC Judge _____

EMAIL: (Please print) _____

OCCUPATION(S): _____

BREED(S) OWNED: _____

List other dog club(s) you are a member of _____

Have you ever been suspended from the American Kennel Club? _____

If so, when? _____ Reason: _____

How many males do you own, co-own, or lease? ___ Bitches? ___ Litters Per Year? ___

Are you willing to participate in, or refer to other sources, a breed rescue? _____

Which Breed(s)? _____

Please give a brief statement about why you would like to be a member of the Sawnee Mountain Kennel Club, what you expect to get from the club, and what you feel that you can offer to the club. _____

The strength of our club is in our member-volunteers. We can always use help in a number of areas. Please circle any / all which you might be interested in assisting.

TEACHING Conformation Obedience Junior Showmanship CGC

Agility RallyO Herding Tracking Earthdog Lure Coursing Other:

Historian Hospitality Judges Selection Legislation Public Ed. Publicity Ways & Means

Match: Set-Up Registration Hospitality Steward Public Ed. Grounds Trophies Clean-Up

Show: Set-Up Judges Transp. Hosp. Catlg Sls Publ. Ed. Parking Trophies Clean-Up

Other dog-related activities (i.e., Herding): _____

I agree to comply with the Constitution and Bylaws of the Sawnee Mountain Kennel Club of Georgia, Inc. and the rules and regulations of the American Kennel Club. I understand that my application for membership will be published in the club's next newsletter after receipt. There will be two readings prior to being voted on by the general membership and I agree to be present at both meetings.

APPLICANT(S): _____ DATE: _____

SPONSOR: _____ DATE: _____

CO-SPONSOR: _____ DATE: _____

ANNUAL DUES MUST ACCOMPANY THIS APPLICATION: INDIVIDUAL: \$10.00 JUNIOR: \$2.00

Payment: Cash: _____ Check: # _____ / _____ Money Order: _____
Date Rec'd: _____ 1 ST Reading: _____ 2 ND Reading: _____ Approved: _____