



Cavalier King Charles Spaniel Club of Hawaii Membership Application

Name or Names of Members (Dues \$15 per Adult, \$5 per Junior):

Address: _____

City: _____, Hawaii Zip: _____

Phone: _____ Cell: _____ Sponsor: _____

Email: _____

List kennel clubs, specialty or obedience clubs to which you belong, positions held and term of office:

Please provide information about your Cavalier(s):

<u>Call name</u>	<u>AKC Name</u>			
_____	_____			
<u>Color</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Neutered</u>	<u>Microchip #</u>
_____	_____	M / F	Y / N	_____
<u>Call name</u>	<u>AKC Name</u>			
_____	_____			
<u>Color</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Neutered</u>	<u>Microchip #</u>
_____	_____	M / F	Y / N	_____

Would you like to participate on a Committee such as Events, Education, or Social?

What activities would you be interested in:

Showing () Obedience () Rally () Junior Handling () Other: _____

Have you ever been suspended from the privileges of the AKC? _____

Applicant hereby agrees to abide by the Club's Constitution, By-laws, Code of Ethics and the Rules of the American Kennel Club, acting always in the best interest of the Club and purebred dogs. Furthermore, Applicant agrees to update any information required by the Club upon request.

Date: _____ Signature: _____

Send Application with dues to:

Cavalier King Charles Spaniel Club of Hawaii, PO Box 628, Kaaawa, HI 96730