

BAY AREA CAVALIER KING CHARLES SPANIEL CLUB, INC
Regular Membership Application

Please complete the form fully, accurately and in detail. Comments which are short and general in nature do not convey the proper insight to allow members to make informed decisions regarding approval for membership. If you need more room, please feel free to add additional sheets.

Please check one:

_____ **Applicant is not currently a member of BACKCSC.**

_____ **Applicant is currently an Associate member of BACKCSC. Date joined:** _____

Please Print or Type.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ E-mail _____

Work (_____) _____ Fax (_____) _____

Are you over 18 yrs of age? _____ Kennel Name? _____

Have you ever been suspended from the privileges of any dog club or the AKC? _____

If "yes" state the name(s) of the club(s), the dates and the circumstances: _____

List all Kennel Clubs, Specialty or Obedience Clubs to which you belong and indicate dates of membership, positions held and term of each:

When did you first acquire a cavalier? _____ First exhibit? _____

When did you first acquire any other purebred dog? _____ First exhibit? _____

Do you show in Conformation? _____ Obedience? _____ Agility? _____ Tracking? _____

Are you currently judging dogs? _____ What breeds/ groups do you judge? _____

List other breeds you keep, have kept, bred, shown or judged: _____

Are you currently breeding dogs? _____ Exhibiting? _____

Approximate average Number of litters
Number of dogs you keep? _____ whelped in the last year? _____

In the last 2 years? _____ in the last 5 years? _____

Number of Cavalier litters

Whelped by you in the last year? _____ in the last 2 years? _____ In the last 5 years? _____

What health testing do you annually perform on your Cavaliers? _____

At which AKC shows have you exhibited your Cavalier in the last 2 years? _____

At which AKC shows have you exhibited any other breed of purebred dog in the last 2 years? _____

How many AKC champions have you finished? _____ What breeds? _____

Are you able to accept committee or other assignments for the club? _____

What areas of interest in club work do you have? _____

Describe any experience, training or interests which might be helpful to BACKCSC in developing meetings programs, publicity or public relations, arts, public speaking, rescue, etc., or any other fields in which you have qualifications not referred to above.

Other interests, activities and abilities _____

List two BACKCSC meetings attended by Applicant within the last 12 months (sign-in required):

1. _____ Date _____

2. _____ Date _____

By signing below, the applicant agrees to abide by the By-Laws and Rules of the Bay Area Cavalier King Charles Spaniel Club, Inc. and the American Kennel Club, acting always in the best interest of the Club and purebred dogs. Furthermore, the applicant agrees to update any information required by the Bay Area Cavalier King Charles Spaniel Club, Inc. upon request.

This application is accepted subject to the approval of the Board of Directors of the Bay Area Cavalier King Charles Spaniel Club, Inc. The applicant and sponsors understand should this application not be approved, the BACKCSC is under no obligation to make known the reasons.

I hereby understand and agree to the above statement:

Signature of Applicant _____ Date _____

Sponsorship of this candidate for membership is given of my own free will without pressure from the candidate for membership or anyone else. I understand I may sponsor no more than two (2) regular member applications and two (2) associate member applicants in any given year.

(Signature of 2 club member sponsors required)

Signature of Sponsor # 1 _____ Date _____

Printed Name of Sponsor # 1 _____

Signature of Sponsor # 2 _____ Date _____

Printed Name of Sponsor # 2 _____

**THIS APPLICATION MUST BE ACCOMPANIED BY TWO SPONSORSHIP FORMS
COMPLETED AND SIGNED BY TWO REGULAR MEMBERS**

Return application and signed sponsorship forms with check to Membership Chair
Annual Dues are \$35.00 per individual/ \$40.00 per family (more than one member at the same address). All fees in US currency only.

(For Office Use Only)

Board Approved _____ Date _____

General Membership _____ Date _____

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