

# Cavalier King Charles Spaniel Club of Greater San Diego

## Membership Application

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_  
FAX (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Kennel Name: \_\_\_\_\_

Check the following that apply:

Type of Membership:

- Regular Membership *(if already an Associate Member for one year in good standing, and reside within the Greater San Diego area)*  
 Associate Membership  Junior Membership

Activities and areas of interest:

- Dog Owner  Breeder  Breeder and Exhibitor  Exhibitor only  Obedience  Agility

How many Cavalier King Charles Spaniels do you own? \_\_\_\_\_

How many litters have you had in the last two (2) years? \_\_\_\_\_

Are you in good standing with the AKC? \_\_\_\_\_

Have you ever been suspended from the AKC? \_\_\_\_\_

If "Yes", state dates and circumstances. \_\_\_\_\_

Would you be available to participate in the following areas?

- Show Committee  Newsletter  Club Officer  
 Education/Health  Rescue  Agility/Obedience  Other \_\_\_\_\_

I agree to abide by the constitution, bylaws and code of ethics the Cavalier King Charles Spaniel Club of Greater San Diego and of the AKC.

Pursuant to our Bylaws, Article 2, Sections 1-4, your signature below authorizes the club to use email as the preferred method of communication.

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

EMAIL: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
(must be a member in good standing with CKCSCGSD) Date \_\_\_\_\_

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Prospective new members must be sponsored by two members in good standing and must attend two CKCSCGSD meetings or club sponsored events within 12 consecutive months prior to acceptance and vote by the membership.

Sponsor Signature #1 \_\_\_\_\_

Sponsor Signature #2 \_\_\_\_\_

Meeting/Event #1 \_\_\_\_\_ Date: \_\_\_\_\_

Meeting/Event #2 \_\_\_\_\_ Date: \_\_\_\_\_

Dues: \$ 30 Regular Membership, \$50.00 Regular family membership, \$20 Associate membership, \$35 Associate Family membership, must accompany application.  
Make check out to CKCSC of Greater San Diego

Mail to Tami Byroads, 14223 Caminito Vistana San Diego, CA 92130

FAX: 858-538-6444 e-mail: [cavalierclubofsandiego@yahoo.com](mailto:cavalierclubofsandiego@yahoo.com)

Leave this section blank

Received \_\_\_\_\_ Reading \_\_\_\_\_ Meeting/Event #1 \_\_\_\_\_ Meeting/Event #2 \_\_\_\_\_