**Membership Application**

**Please read the TIKO Code of Ethics first.**

\*\*Signing this application automatically indicates agreement with the Code of Ethics\*\*

|  |  |
| --- | --- |
| **Contact Information** | |
| **Name/s:**  **(including children under age 18, if a family membership)** |  |
| **Street Address:**  **(including Apt. Or PO Box)** |  |
|  |  |
|  |  |
| **City:** |  |
| **Province:** |  |
| **Postal Code:** |  |
| **Telephone Number:**  **Home:**  **Cell:** |  |
| **Email Address:** |  |

|  |  |
| --- | --- |
| **CKC Information** | |
| **CKC Membership Number:**  (if any) |  |
| **CKC Kennel Name:**  **(if any)** |  |
| **CKC Tattoo Number:**  **(if any)** |  |

|  |  |
| --- | --- |
| **List of Breeds Owned by Applicant:** | **Number of Dogs per Breed** |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |

| **Other Clubs Applicant Belongs To:** | **Positions Held** |
| --- | --- |
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I (we) have read the TIKO Code of Ethic and agree to abide by the Constitution and By-laws of the Thousand Islands Kennel and Obedience Club:

|  |  |  |
| --- | --- | --- |
| **Sponsor Name:** | **Signature:** | **Dated:** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Applicant/s Name:** | **Signature:** | **Dated:** |
|  |  |  |
|  |  |  |

**Questionnaire: Help us get to know you. ☺** *Please indicate your interests by placing a check mark beside the listed activities / tasks below. If typing you can just copy and paste this check mark. √*

**INTERESTS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Conformation |  | Flyball |  |
| Obedience |  | Agility |  |
| Rally |  | Freestyle |  |
| CGN |  | Barn Hunt |  |
| Other |  |  |  |

Willing to learn / help with the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Show / Trial Setup** |  | **Hospitality meetings** |  |
| **Sanction Match** |  | **Hospitality Shows** |  |
| **Training Classes** |  | **Equipment** |  |
| **Show Committee** |  | **Newsletter** |  |
| **Judges Selection** |  | **Website** |  |
| **Marketing** |  | **Education** |  |
| **Other** |  |  |  |

**Internal Use Only:**

|  |  |
| --- | --- |
| **Date Application Received:** |  |
| **Date Published to Membership:** |  |
| **Date of Acceptance:** |  |