



TRAIL RIDGE KENNEL CLUB

Membership Application

www.trailridgekennelclub.org

Full Name: _____

Address: _____

Apt. No. _____

City: _____

State: _____

Zip Code _____

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

What type of membership are you applying for?

Individual
(\$25/yr)

Family
(\$30/yr)

Junior
(\$0/yr)

Associate
(\$15/yr)

What breeds do you own? _____

What activities are you interested in?

___ **Conformation** ___ **Nosework** ___ **Obedience** ___ **Rally**

___ **Other – Specify:** _____

How long have you been involved in the Sport of Pure-Bred Dogs? _____

Explain your involvement (Continue back if additional space is needed):

Do you agree to abide by the United Kennel Club Code of Ethics? **Yes** **No**

Signature: _____

Sponsor Signature: _____

Sponsor Signature: _____

Additional Information:

Make your Check/Money Order to: Trail Ridge Kennel Club

**Mail Completed Application To: Nina Sherrer
TRKC Membership
PO Box 7476
Loveland, CO 80537**

1st Reading _____ 2nd Reading _____ Accepted: _____

CK No.: _____ Cash: _____ MO: _____