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
4609 High Country Rd
Loveland, CO 80537

1st Reading_____ 2nd Reading_____ Accepted: _____

CK No.: _____ Cash: _____ MO: _____