



Calgary Kennel and Obedience Club

Membership Application

NAME: _____

COMPLETE MAILING ADDRESS: _____

PHONE: _____ **(W)** _____

CELL: _____ **CKC #:** _____

EMAIL: _____

BREED OF DOG (S) _____

TELL US ABOUT YOURSELF, WHAT ARE YOUR INTERESTS: _____

WHAT DO YOU EXPECT FROM THIS CLUB? _____

WHAT CAN THE CLUB EXPECT FROM YOU? _____

ALL INFORMATION ATTACHED TO THIS FORM BECOME THE PROPERTY OF THE CALGARY KENNEL & OBEDIENCE CLUB WHEN SIGNATURES ARE AFFIXED. THE INFORMATION VOLUNTEERED ON THIS FORM WILL ONLY BE SHARED WITH THE MEMBERS OF CKOC.

KNOW THAT IN SIGNING THIS APPLICATION, THE CKOC HAS A STRICT CONFIDENTIALLY POLICY. ALL INFORMATION SHARED DURING THE AGM, GENERAL AND SHOW COMMITTEE MEETINGS IS PROTECTED BY THIS CONFIDENTIALITY AND WILL NOT BE DISCUSSED, IN WHOLE OR IN PART, OUTSIDE THE MEMBERSHIP OF THE CKOC.

SIGNATURE

DATE