



**MEMBERSHIP APPLICATION**  
**CENTRAL OHIO KENNEL CLUB**



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Business Affiliation \_\_\_\_\_

I own or have owned the following breeds:

Breed _____	How Long _____	Breeder <input type="checkbox"/>	Fancier <input type="checkbox"/>
Breed _____	How Long _____	Breeder <input type="checkbox"/>	Fancier <input type="checkbox"/>
Breed _____	How Long _____	Breeder <input type="checkbox"/>	Fancier <input type="checkbox"/>

I am interested in: *(check all appropriate)*

Agility  Conformation  Earth Dog  Field Trials  Herding  Junior Show

Hunt Tests  Lure Coursing  Obedience  Tracking  Other \_\_\_\_\_

Give specifics regarding the level of interest or goals in any of the above or other AKC activities. Use a separate sheet of paper if more space is needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AKC Dog Club Affiliations:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Please list and give the particulars of any office you hold/have held in these clubs. Use a separate sheet of paper if more space is needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to join Central Ohio Kennel Club because

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal References** - preferably dog related. Please include contact information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Endorsers: (Must be signed by two COKC members in good standing)**

1) \_\_\_\_\_  
(How long known Applicant?)

2) \_\_\_\_\_  
(How long known Applicant?)

Any further letters of endorsement or letters of objection to this candidate's application of membership should be sent to the Membership Chair before the next meeting.

I am aware that the success of COKC is directly dependent on volunteers from the club for all of the events and activities of COKC and will serve on the following committees:

Conformation  Obedience  Stewarding  Trophy  Junior Show

Hospitality  Program  Other  Where I'm needed

By signing this application, the applicant certifies that (please check each circle to indicate read):

- He/she is 18 years of age or older. If younger than 18, I have a parent's permission \_\_\_\_\_
- He/she is in good standing with the American Kennel Club (name of approving parent)
- All the information on this application is true and correct.
- I have read and understand the code of ethics located on the COKC website: [centralohiokennelclub.com](http://centralohiokennelclub.com)

---

Signature of Applicant

---

If under 18, Signature of Applicant's Approving Parent

---

\$20.00 must accompany this application. (This total is the first year dues.) An applicant accepted into membership after January 1 will be considered paid through the following year.

### Membership application process for Central Ohio Kennel Club:

**Step 1:** An applicant must attend Membership meeting and be introduced as a visitor.

An application form may be obtained at this meeting.

**Step 2:** The First reading of the completed application will take place at the next Membership meeting  
(Applicant must be present at this meeting)

**Step 3:** At the subsequent membership meeting, the Second reading of the completed application will take place.  
(Applicant must be present)

After the second reading of the application, the applicant will be asked to step out while voting occurs. Discussion may follow and then a vote is taken by the membership in attendance. The affirmative vote of  $\frac{3}{4}$  of the members present shall be required to elect the applicant. If the applicant is approved, the applicant will be invited to return to the meeting where the approval is announced by the Membership Chair.

**Step 4:** If the applicant is denied membership, the Member Chair will step out of the meeting and so inform the applicant. If the applicant is approved, and returns to the meeting, the President will obtain from the Member Chair a New Member packet and present to the new member.

Visitor \_\_\_\_\_ First Reading \_\_\_\_\_ Second Reading \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Signature of Membership Chairperson \_\_\_\_\_

Sept/2019