

Columbine Papillon Club

MEMBERSHIP APPLICATION

Date: _____

Applicant Name(s), 18 years of age and older: _____

Applicant Name(s), under 18 years of age (indicate date of birth): _____

Address: _____

Street

City

State

Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ FAX: (____) _____

E-Mail Address: _____

PLEASE NOTE: Meeting notices & newsletter will be sent by email, unless email address is not provided

Website Address: _____

BACKGROUND & INTEREST INFO: (use back of form if additional writing space is necessary)

Occupation(s):

What breed or breeds of dogs do you currently own?

Have your A.K.C. privileges ever been suspended? Yes No

If yes, have they been reinstated? Yes No. Please explain:

Are you a member in good standing of the Papillon Club of America? Yes No

Have you been denied membership, or your membership revoked, for the Papillon Club Of America? Yes No If Yes, please explain:

Are you a member in good standing of any other dog clubs? Yes No

If yes, please list name of club(s), years of membership, and indicate any office(s) you hold/held or duty you perform(ed) for other dog-related clubs:

My dog-related interests are:

- | | | | |
|--|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Conformation | <input type="checkbox"/> Obedience | <input type="checkbox"/> Agility | <input type="checkbox"/> Pet Therapy |
| <input type="checkbox"/> Breeding | <input type="checkbox"/> Rally Obedience | <input type="checkbox"/> Tracking | <input type="checkbox"/> Rescue |
| <input type="checkbox"/> Companion/Pet | <input type="checkbox"/> Papillon Play Day | <input type="checkbox"/> Other: _____ | |

Tell us about your dog-related activities and any titles earned:

If you become a member, what talents and skills might you offer the Club in the future? (i.e., board member, fundraising, secretarial, accounting, computer, artistic, editorial, marketing, or other)

Please describe how you feel the Club can best be of benefit to you:

REQUIREMENTS FOR NEW MEMBER APPLICATION

- **Meeting Requirement:** Applicants for Regular & Household Membership must have attended two (2) club meetings within six (6) months prior to applying for membership.
No meeting attendance is required for Junior & Associate Membership Applicants.
- **Sponsor Requirement:** All applicants must have this application signed by two (2) Regular or Household members in good standing of the Columbine Papillon Club.

ANNUAL MEMBERSHIP DUES - Each membership year is from September 1 - August 31 inclusive. Renewal dues are payable by September 1.

<input type="checkbox"/> Regular	\$ 15	For residents of Colorado, at least 18 years of age. Entitled to one vote and may hold elected or appointed office.
<input type="checkbox"/> Household	\$ 25	For two or more residents of Colorado residing in the same household. For those 18 years of age and over, may hold elected or appointed office, and entitled to vote.
<input type="checkbox"/> Junior	\$ 5	For residents of Colorado under 18 years of age. No voting privileges and may not hold elected or appointed office.
<input type="checkbox"/> Associate	\$ 10	For persons not residing in Colorado, or who wish to be a member for purposes other than to vote or hold office. No voting privileges and may not hold elected or appointed office.

\$ Amount Enclosed. Make checks payable to Columbine Papillon Club

I (we) agree to abide by the Constitution and By-Laws of the Columbine Papillon Club and the rules and regulations of the American Kennel Club.

Applicant(s) Signature(s)

Date

Sponsor's Area

Name of Sponsor #1

Sponsor #1 Signature

Name of Sponsor #2

Sponsor #2 Signature

(Sponsors must complete sponsor forms and submit to Recording Secretary).

Please return completed application, along with membership dues payment, to:

Kathryn Bryant, Recording Secretary
520 S Corona St
Denver, CO 80209
303-744-6577
nettles2@att.net

10/15/03