

LAKELAND WINTER HAVEN KENNEL CLUB, INC

Application for Membership

Instructions:

- 1. Please print or type all information except signatures.
- 2. Beside the Applicant's signature this application must be signed by two sponsors, members of the Lakeland Winter Haven Kennel Club, Inc.
- **3.** LWHKC offers only single membership type. In the case of multiple members of the same household, each member of the household will fill out a separate membership application form.
- **4.** Attach to the application prepaid dues of \$10 per member. If paying by check, please make check payable to Lakeland Winter Haven Kennel Club, Inc.
 - a. If application is approved after September 30, your dues payment will be applied to the following year.

Name:			Date:	
Street Address:				
City:	State: Zip (lode:		
Phone:	Phone:			
E.Mail Address:				
Names of other clubs	of which you are a men	nber:		
What is your breed(s)	?			
Please list any titles ye	ou have achieved with y	our dogs:		
			Exhibitor: How lon	
Judge: ☐ How long:	Handler: How	long:Pe	t Owner:	
Other?				

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Breeding Activity: Approximately how many litte	ers do you breed year?
Where and how do you place your puppies?	
Have you ever been suspended by the AKC? Ye	s \[\text{No} \[\text{If yes, when and why?} \]
If accepted, will you be an active member? Yes	No ☐ In what areas would you like to participate?
Why do you wish to be a member of this club?	
I (we) hereby apply for membership in the Lakela	on of Applicant(s) and Winter Haven Kennel Club, Inc. I (we) agree to es, and Policies/Procedures of the club and hereby agree e Rules of the American Kennel Club, Inc
Signature of Applicant	
Signature of Sponsor	Signature of Sponsor
Print Sponsor Name	Print Sponsor Name
Date application accepted:	
First Reading:	
Second Reading: Application	approved for membership: