

Chintimini Kennel Club Membership Renewal Form

Club Use Only Date Received _____ Action _____

DUE: January 1st, 2022

Mail form with check (payable to CKC) to:
Kelly Boyd, Corresponding Secretary, 35262 Riverside Dr. SW, Albany OR 97321.

OR – PAY Online with credit or debit card: <https://form.jotform.us/72310981684157>

Member: _____ co-Member: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Member _____ Co-Member _____
Email: Member _____ Co-Member _____
<input type="checkbox"/> I (we) consent to receive all Club communications via email (address provided above).
<input type="checkbox"/> I (we) do not want to receive Club emails, but prefer to receive communications via USPS.
Membership Type: _____ (\$0) Life Member (Voting) _____ (\$10) Individual (Voting) _____ (\$15) Household* (Voting) _____ (\$5) Associate (non-voting) _____ (\$5) Junior** (Age of Jr: _____) (non-voting)
<small>*Household membership: For 2 adults living in the same household. **Juniors: Only for members under the age of 18.</small>

I (we) agree to abide by the rules and regulations of the American Kennel Club as well as the Constitution and Bylaws of the Chintimini Kennel Club (CKC).

Signature of Member

Date

Signature of Co-Member

Date