

Return this form to:

NAME: _____

Susan Jury, Membership Coordinator #5-31501 Upper MacLure, Abbotsford BC V2T 6R8 Email juryts@shaw.ca

Remit with cheque payable to

The Miniature Dachshund Club of BC

TELEPHONE: (Residence) ______ (Business) _____ FAX: _____ ADDRESS: nembership application E-MAIL: ______CKC Registration KENNEL NAME: Number I/We apply for membership in The Miniature Dachshund Club of British Columbia ("MDCBC"). I/We agree to abide by the constitution, the by-laws, and the code of ethics of MDCBC, and by the rules and regulations of the Canadian Kennel Club. I/We understand that all members are listed in the published MDCBC directory, and agree to be listed. Signature: (Members who are sponsoring the applicant/s) Type of membership required: Single Membership \$20.00 (one vote after one year's membership) Family Membership \$30.00 (two votes after one year's membership) NOTES: The membership year is the calendar year, i.e. January 1 through December 31. To help us get to know you, please answer the following guestions: 1. Are you an active breeder? Yes _____ No__ 2. How many Miniature Dachshunds do you own? (adults and puppies) _____ Smooth-haired _____ Long-haired _____Wire-haired _____ 3. Do you own other dogs? Yes _____ No____ How many: Breeds (s): 4. Are you a member of the Canadian Kennel Club (CKC)? Yes _____ No _____ 5. Do you belong to any other dog clubs? Yes _____ No ____ 6. Do you hold office in any other dog clubs? Yes No 7. Dog-related activities you are interested in (check all that apply): Conformation Shows _____ Obedience Training and Trials ____ (please use reverse)

Upon receipt of this form, your application for membership in The Miniature Dachshund Club for BC will be submitted for acceptance by members at the next general meeting.