

Return this form to:

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The Miniature Dachshund Club of BC

NAME: _____ 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 questions: 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 Conformation Shows _____ Obedience Training and Trials ____ (please use reverse) 7. Dog-related activities you are interested in (check all that apply):

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.