



Return this form to:

Patti Archibald Membership Coordinator
 5554 Grove Avenue
 Delta, BC V4K 2A7
 Email pjarchibald@dccnet.com
 Remit with cheque payable to

The Miniature Dachshund Club of BC

membership application

NAME: _____

TELEPHONE: (Residence) _____ (Business) _____

FAX: _____

ADDRESS: _____

E-MAIL: _____

KENNEL NAME: _____ CKC Registration 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: _____

Sponsors: 1. _____

2.. _____

(Members who are sponsoring the applicant/s)

Date: _____

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:

- Are you an active breeder? Yes _____ No _____
- How many Miniature Dachshunds do you own? (adults and puppies) _____
 Smooth-haired _____ Long-haired _____ Wire-haired _____
- Do you own other dogs? Yes _____ No _____
 How many: _____ Breeds (s): _____
- Are you a member of the Canadian Kennel Club (CKC)? Yes _____ No _____
- Do you belong to any other dog clubs? Yes _____ No _____
- Do you hold office in any other dog clubs? Yes _____ No _____
- Dog-related activities you are interested in (check all that apply):
 Conformation Shows _____ Obedience Training and Trials _____
 Field Activities/Den Trials _____ Other _____ (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.

Dec 2020