



## MEMBERSHIP FORM

### Applicant

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Family Member added to this membership

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

Membership fee: \_\_\_\_\_ To be e-transferred to: Barb Heuman

**\$45.00**

[barbheuman@gmail.com](mailto:barbheuman@gmail.com)

**Juniors: Free**

Or mail your cheque - Barb Heuman

516243 County Rd. 124

Melancthon, On L9V1T9

**Sponsor:-**

\_\_\_\_\_

Breeder: \_\_\_\_\_ Exhibitor \_\_\_\_\_ Owner \_\_\_\_\_ Junior \_\_\_\_\_

CKC Membership # \_\_\_\_\_ Long \_\_\_\_\_ Smooth \_\_\_\_\_ Wire \_\_\_\_\_  
Standard \_\_\_\_\_ Mini \_\_\_\_\_