



Shiba Inu Canada

Membership Application for the year _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-Mail: _____

Kennel Name: (if any) _____

CKC # (optional): _____ Tattoo Combination (optional): _____

Membership Single \$30.00 (Voting) Associate \$20.00 (Newsletter Only)

List breed(s) of dogs owned, bred or shown (give some details):

List all dog clubs and organizations you are affiliated with (and position held, if any):

Check all that apply:

Breeder Pet Owner Judge Handler Other _____

Have you ever been suspended from the CKC or denied membership to any breed club? If yes, explain: _____

What goals would you like to see the Club aspire to?

Long-term: _____

Short-term: _____

In what areas could you assist the Club? (ie newsletter, rescue, public displays, shows)

By signing below, I hereby agree to abide by the Constitution and By-laws of Shiba Inu Canada.

signature

date