

Carroll Kennel Club, Inc.  
PO 2028 Westminster Md 21158-9028

I hereby make application for membership in the Carroll Kennel Club, Inc.\*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Best way(s) to reach me: \_\_\_\_\_ text \_\_\_\_\_ home phone \_\_\_\_\_ email \_\_\_\_\_ cell phone

Other Kennel (or related) Clubs I belong to and position(s) held: \_\_\_\_\_

Occupation: \_\_\_\_\_

Breed of Dog(s) owned: \_\_\_\_\_

Competitions I participate in: (eg. conformation, agility, etc.) \_\_\_\_\_

Reason for Joining: \_\_\_\_\_

I wish to participate or assist in the following club programs:

	Participate	Assist/Lead
Agility	_____	_____
Conformation Handling	_____	_____
FastCAT	_____	_____
Rally	_____	_____
Scent Work	_____	_____

I agree to abide by the Carroll Kennel Club, Inc. constitutions and its bylaws and the rules of the American Kennel Club.

Signature of Applicant: \_\_\_\_\_

Sponsors: 1) \_\_\_\_\_ 2) \_\_\_\_\_

\* Each household member applicant should complete a separate Application Form.

**Please see dues and filing directions on page 2.**

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**Please complete the following**

**Please check the type of membership desired and submit the appropriate payment with this application.** Checks should be made out to Carroll Kennel Club.

\_\_\_\_\_ One Person \$20

\_\_\_\_\_ Household (2 or more persons at one address) \$35

\_\_\_\_\_ Junior (Under 18 years of age) No Charge.

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**Send the competed Membership Application, signed by two CKC club members (sponsors) with payment to:**

Treasurer

Carroll Kennel Club, Inc.

P.O. Box 2028

Westminster, MD 21158

Form revised 3-11-25