



CHINESE CRESTED CLUB OF CANADA

APPLICATION FOR MEMBERSHIP

(Mr/Mrs/Miss/Ms) Last name: _____ First Name: _____

(Mr/Mrs/Miss/Ms) Last name: _____ First Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone #: _____ Alternate Phone/Fax: _____

e-mail: _____ Website: _____

Kennel Name: _____ Registered? Yes/No

Brief Bio: _____

I/We wish to be members of the Chinese Crested Club of Canada (please Check one)

Full Member: _____

Associate Member: _____

Sponsor #1 Signature: _____

Sponsor #2 Signature: _____

OR I wish to renew my membership _____

Membership Dues:

Full membership: \$20/year, 1 vote only.

Full Family membership: \$25/year, limited to 2 people with the same residence, 2 votes.

Associate membership: \$15/year, restricted to non-resident of Canada. No voting privileges.

I/We, the undersigned, have read, understood, accepted and agree to abide by the Constitution and by-laws of the Chinese Crested Club of Canada and the Canadian Kennel Club.

Date: _____

Signature: _____

Amount Enclosed: \$ _____

**MAKE ALL CHEQUES OR MONEY ORDERS PAYABLE TO THE
CHINESE CRESTED CLUB OF CANADA**

Mail completed application to:

CHINESE CRESTED CLUB OF CANADA
c/o Hélène Bélanger
50 Dancers Dr
Unionville, ON
L6C 2A8

For Office Use Only

Date Received: _____

Received by: _____

New Member/Renew

Amount received: \$ _____