



## MEMBERSHIP / RENEWAL APPLICATION

### Section 1

#### Application Type ( Please check one ✓ )

- Membership Application     
  Renewal Application     
  Move from Associate Member to Regular Member

#### Class of Membership (please check one ✓ )

- Regular       Associate (1<sup>st</sup> 2 years)       U.S.  
 Junior       Family/Partner       Foreign

**MEMBERSHIP FEES:**       1 year       2 year

**(Membership year: April 1 – Mar 31)**

<u>Membership</u>	<u>1 year</u>	<u>2 year</u>	<u>Membership</u>	<u>1 year</u>	<u>2 year</u>	
Regular	\$25.00	\$50.00	Associate	\$25.00	\$50.00	
Family/Partner	\$30.00	\$60.00	Junior	\$25.00	\$50.00	
Foreign	\$40.00	\$80.00	U.S.	\$30.00	\$60.00	(US funds)
Foreign F/P	\$45.00	\$90.00	U.S. F/P	35.00	\$70.00	(US funds)

### Section 2

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (    ) \_\_\_\_\_ E-mail \_\_\_\_\_

Kennel Name \_\_\_\_\_ Tattoo Combination \_\_\_\_\_

Are you a member of the Canadian Kennel Club? Yes  No

If yes, CKC# \_\_\_\_\_

*Please complete reverse side of form also. Thank you.*

### Section 3

***"I have read and I agree to abide by the Constitution/Bylaws and Code of Ethics as set out by the Collie Club of Canada".***

1<sup>st</sup> Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Partner Member Signature \_\_\_\_\_ Date \_\_\_\_\_

### **\*\*Section 4 (required for new applications only)**

Area Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Area Director Name (please print): \_\_\_\_\_

Sponsoring Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsoring Member Name (please print): \_\_\_\_\_

**MAKE ALL CHEQUES PAYABLE TO THE "COLLIE CLUB OF CANADA"  
APPLICATIONS MUST BE ACCOMPANIED BY MEMBERSHIP FEE.**

VISA and MasterCard payments are also accepted in payment of membership fees. Amount: \$ \_\_\_\_\_

VISA    M/C   # \_\_\_\_\_   Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_   Signature: \_\_\_\_\_

**A \$3.00 service charge will be applied to all credit card transactions. A \$30.00 charge will be applied to any NSF cheques.**

**Please return completed application to your Area Director for signing, or if all required signatures have been obtained, forward, with payment, to:**

**CAROL DELORME  
MEMBERSHIP COMMITTEE  
COLLIE CLUB OF CANADA  
15411 North Lunenburg Road,  
Lunenburg, On  
K0C 1R0**

### **Section 5 – Optional**

For those members who would like to volunteer for the Club, please list any interests or skills that you have – not necessarily work related – that may be useful as a volunteer e.g. handy with computer software, experience with non-profit organizations re: policies, a lawyer by profession, artistic abilities, good at fundraising, and a wide variety of other interests and abilities.

Personal interests/hobbies/skills: \_\_\_\_\_

\_\_\_\_\_

Professional history (if applicable): \_\_\_\_\_

For Club use only	
Date rec'd by Treasurer: _____	<input type="checkbox"/> Cheque #: _____ <input type="checkbox"/> VISA <input type="checkbox"/> M/C
Date rec'd by Membership Chair: _____	Date of Cheque: _____
Date to Executive Committee: _____	Amount: \$ _____
Date approved: _____	Date Receipt/Letter sent: _____
Date Acceptance Pkg sent: _____	VISA or M/C Authorization number: _____