



MEMBERSHIP RENEWAL FORM

YEAR: _____

Member Name(s): *Please fill in electronically or print clearly using all CAPITAL LETTERS in ink*

Membership List Consent:

Personal information will be available to members only. Please tick beside the information you give permission for us to share, which is posted in our club newsletter.

Kennel name, if applicable: _____ **Tattoo Prefix:** _____

Address: _____

Province, Territory or State: _____ **Postal/Zip Code:** _____

Phone: Home: _____ **Work/Cell:** _____

E-mail Address: _____

KCC Member Number(s) (req'd for Executive or District Reps): _____

Note: We are required to file the names and numbers of Club Executive members each year.

Number of registered Keeshonden owned at this time: _____

MEMBERSHIP RATES	Single	Family	
Canada	\$20.00	\$25.00	
USA	\$25.00	\$30.00	Amount Paid \$ _____

Forms: Scan/email forms are acceptable – Email contact tonyayyc@shaw.ca

Payments:

If paying by cheque/money order, make payable to the **Keeshond Club of Canada** and mail to: Tonya Schmolke, 210 Valley Pointe Way NW, Calgary, T3B 6B3.

If paying by E-transfer payment send to contact@keeshondcanada.com password – KCC

Membership Type: **Full** **Associate**

Note: Must own at least one registered Keeshond for full membership. Associate members have no voting privileges.

All members must sign the KCC Code of Ethics Form and submit with their Renewal Form