

MEMBERSHIP RENEWAL

| Surname | Given Name | CKC Membership # |
|--|--------------|------------------|
| Address | | |
| City | Province | Postal Code |
| Home Phone | Work Phone | |
| Cell Phone | Email | |
| Where will you volunteer (Check all that applies) | | |
| Conformation Shows | Rally Trials | Obedience Trials |
| Public Education | Fundraising | Other. |
| I hereby renew my membership in the Halifax Kennel Club. I do agree to conform to the HKC Constitution, By-Laws and Code of Ethics and to pay my annual membership fee of (which accompanies this application). | | |
| I understand that my contact information will be available to the executive for club purposes only but will not be made available in any form to non-members. I commit to volunteer 4 hours to assist at the HKC shows and trials during the next 12 months. | | |
| eTransfer to hkcdeposit@gmail.com no password required memo: HKC Yearly dues renewal | | |
| Office Use Only: | | |
| Membership Chair: | | |
| Date: | | |
| Membership Renewal Form 2023 | | |