



APPLICATION FOR CLUB ACCREDITATION

Instructions

- Form to be typed or printed in ink.
All signatures to be written in ink and not printed.
Attach additional paper if required.
Return completed application and supporting documentation to the attention of The Canadian Kennel Club, Event Planning Department, Shows & Trials Division.

Proposed Name of Club: _____

1. Indicate the date the club was formed: _____

2. List the objectives of the club: _____

3. State the club's intended area of operation. Regional, Provincial and local clubs, please be specific and provide a map.

4. Is there another club operating in the same geographical area as this club? [] Yes [] No
If yes, indicate the name of the other club: _____

5. Is this club a branch of a "parent" club? [] Yes [] No
If yes, indicate the name of the parent club: _____

6. If you have previously applied for accreditation, please provide the date of when you last applied: _____

- The following documentation must be attached in support of this application:
[] A complete list of names, membership numbers, and addresses of the members of the club.
[] If this application is for a Specialty Club, provide a list of the breeds & registration numbers of the dogs owned by each member.
[] A current copy of the Constitution and/or By-laws of the club.
[] Copies of minutes of meetings for one year preceding this application.
[] If application is for a branch of a parent club, a letter from the parent or national club acknowledging this application.
[] Copy of a map with defined area of operation (not required for National clubs).
[] The required fee as per the current fee schedule.

CLUB OFFICERS

NOTE: All Club Officers must be members of The Canadian Kennel Club.

PRESIDENT

Name _____ CKC Membership No. _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Business Phone _____

Fax Number _____ Email Address _____

VICE-PRESIDENT

Name _____ CKC Membership No. _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Business Phone _____

Fax Number _____ Email Address _____

SECRETARY

Name _____ CKC Membership No. _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Business Phone _____

Fax Number _____ Email Address _____

TREASURER

Name _____ CKC Membership No. _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Business Phone _____

Fax Number _____ Email Address _____

CLUB DIRECTORS

- National Clubs are required to have a Board of Directors consisting of the Officers of the club and one Regional Director elected representing at least four of the six regions across Canada. The regions are British Columbia, Prairie Provinces (Alberta, Saskatchewan, Manitoba), Ontario, Quebec, Atlantic Provinces (New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland), Yukon, and North West Territories. Regional Directors must reside in the zone they represent.
- Regional and Provincial clubs are required to have a Board of Directors consisting of the Officers of the club plus one Director representing each of the provinces or CKC electoral zones within that region or province.

Name _____ CKC Membership No. _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Business Phone _____

Fax Number _____ Email Address _____

Name _____ CKC Membership No. _____

Mailing Address _____

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Home Phone _____ Business Phone _____

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Mailing Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Business Phone _____

Fax Number _____ Email Address _____

CLUB DIRECTORS

Name CKC Membership No.

Mailing Address

City Province Postal Code

Home Phone Business Phone

Fax Number Email Address

Name CKC Membership No.

Mailing Address

City Province Postal Code

Home Phone Business Phone

Fax Number Email Address

DECLARATION

We, the undersigned, agree to be bound to the policies and procedures attached hereto. We also understand that there is no obligation on the part of The Canadian Kennel Club to approve this application, and that if the application is rejected, we have no recourse against the CKC.

President's Name (type or print)

Signature of President

Date

Secretary's Name (type or print)

Signature of Secretary

Date

Date Received

Reference Number

Date Approved

Approved by CKC