

2022 CADF - NEW MEMBERSHIP APPLICATION FORM

\$15	INDIVIDUAL VOTING MEMBERSHIP (Owners of CKC registered dogs ONLY)				
	Name:				CKC #:
	Street:	City:		Province:	Postal Code:
	Phone:	Email:			
	Breed(s) of dogs:				
	Other Club Affiliations:				
\$30	BREEDER'S REGISTRY (Fee in <u>ADDITION</u> to Membership above)				
	Breed(s):				
	Kennel Name:		Tattoo Comb	00:	Microchip:
	Please check all that apply	y: Champion Stock:	Puppies:	Stud Services:	Health Testing:
	Please indicate if you wou	ıld like your above info add	ded to the CADF	Facebook page:	Yes: No:
\$15	CLUBS & TRAINERS (Includes 1 Voting Membership)				
	Club Name:Contact Name:				
	Street:	City:		Province:	Postal Code:
	Phone:	Email:			
\$	DONATION (Totally opti	ional)			
\$	TOTAL Please indicate who received your payment:				
	Payment Method:	E-TRANSFER to: kim.d.	lachance@gmail	l.com	CHEQUE CASH
NEW APPLIC	ATIONS must include the	names and signatures of tw	wo current CADF	members as spo	nsors.
Sponsor name:			_ Signature:		
Sponsor name:			_ Signature:		
	al membership is from Ja your application to: c heques to:	•	l.com	ŕ	,
	and uses your information stions about the collection		J ,	•	e requested from us. If you
	pply for membership in the	- ,		•	
•	at the above has been fully ill become null and void.	and accurately completed	, and if it is found	d to be untrue or	incomplete, my
Signature:				Da	te·