

Providence County Kennel Club **Membership Application**

Name/s:	
Street Address:	
City, State, Zip:	
Cell Phone: Day Phone:	Eve Phone:
Email: (print clearly)	ed by email.
Breed/s:	
Kennel Name:	
Participation in: Conformation Obedience Agility	y □ Rally □ Other
All PCKC members are required to work on or at club ever	nts. Please indicate your areas of interest.
☐ Hospitality ☐ Stewarding (training and a mentor will	Il be provided) in \square Conformation \square Obedience
☐ Vendor acquisition ☐ Trophy donations ☐ Willing	ng to work on whatever is needed
Current bylaws are posted on the club's site: https://www.pr	rovidencecountykc.org/membership/
Applicant signature:	Date:
First Endorser signature:	Date:
Second Endorser signature:	Date:
Send this completed form, with a check for \$25 pay	vable to Providence County Kennel Club, to:
Deborah L Santti, 60 Creamer Ave., Warwick, RI 0)2886 dlsantti@verizon.net
ADMINISTRATIVE USE ONLY:	
Date of Board Recommendation:	
Date of Membership Approval:	