



Providence County Kennel Club Membership Application

NAME(s): _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

CELL PHONE: _____ EMAIL: _____

All club communications will be disseminated by email.

BREED(s): _____

KENNEL NAME: _____

PARTICIPATION IN: Conformation Obedience Agility Rally Other _____

All PCKC members are required to work on or at club events.

Please indicate your areas of interest.

Hospitality Stewarding (training will be provided in Conformation Obedience
 Vendor acquisition Trophy donations Event Assistance Willing to work as needed

Current bylaws are available on our website: providencecountyk.org/membership/

Applicant signature: _____ Date: _____

1st Endorser signature: _____ Date: _____

2nd Endorser signature: _____ Date: _____

Send this completed form, with a check for \$25.00 payable to

Providence County Kennel Club c/o Joyce Andrade, 6 Deerfield Dr., Warwick, RI 02886

ADMINISTRATIVE USE ONLY:

Date of Board Recommendation: _____

Date of Membership approval: _____

DATE PAID: _____ CHECK #: _____ CHECK AMOUNT: _____