



APPLICATION FOR MEMBERSHIP

Mail to current V-Pres.

DATE: ____/____/____

--- Please type or print clearly ---

APPLICANT'S

FULL NAME: _____

STREET ADDRESS: _____
First Middle Last EMAIL-ADDRESS _____

CITY: _____ ST.: _____ ZIP: _____ COUNTRY: _____

TELEPHONE: (_____) _____ KENNEL NAME: _____

OCCUPATION: _____ EMPLOYER: _____

SECOND ADULT/FAMILY -- APPLICANT'S NAME _____ Family membership is defined as two adults.

ADD'L ADULT / JUNIOR--- APPLICANT'S NAME _____ Jr's Age ____
(Juniors are members under 18 years of age, and have no voting privileges.)

DO YOU NOW OWN A POINTER(S)? _____ IF NOT, WHEN DID YOU LAST OWN ONE? _____

ARE YOU INTERESTED IN VOLUNTEERING TO HELP ON A COMMITTEE OR FOR AN EVENT? _____

WHAT ARE YOUR INTERESTS? (CHECK WHICH APPLY) SHOW _____, FIELD TRIAL _____, HUNT TEST _____,
AGILITY _____, OBEDIENCE _____, BREEDER _____, RESCUE _____, OTHER: _____

DO YOU HAVE (OR PLAN TO HAVE) FOR SALE: PUPPIES _____, ADULT DOGS _____, STUD SERVICE _____?

ARE YOU AN AKC JUDGE? _____ IF YES WHAT DISCIPLINE AND BREED _____

LIST ANY OTHER POINTER/AKC CLUBS THAT YOU ARE A MEMBER OF _____

HAS THE AMERICAN KENNEL CLUB EVER SUSPENDED YOUR PRIVILEGES? _____

HAS YOUR MEMBERSHIP IN ANY DOG CLUB EVER BEEN REFUSED, REVOKED, OR SUSPENDED? _____

EVERY APPLICATION MUST CARRY THE SPONSORSHIP OF TWO CURRENT AMERICAN POINTER CLUB MEMBERS TO BE CONSIDERED FOR ELECTION TO MEMBERSHIP. YOUR APC SPONSORS ARE:

SPONSOR SIGNATURE #1) _____ SPONSOR SIGNATURE #2) _____

PRINT SPONSOR'S NAME _____ PRINT SPONSOR'S NAME _____
TELEPHONE: (_____) _____ TELEPHONE: (_____) _____

Sponsors: Please provide a letter of recommendation.
Applicants: Please provide a letter of introduction explaining why you would like to join the APC.

I hereby apply for membership in the American Pointer Club, Inc., and if approved, agree to abide by its Constitution and By-Laws. I enclose my membership fees made payable to APC in U.S. funds for the calendar year. Members approved after November 1st are not required to pay renewal membership dues for the following calendar year.

By signing this application I acknowledge and agree with the Mission Statement of the American Pointer Club, Inc, and understand that my application will be returned if the letters of introduction and recommendation do not accompany this application.

Each applicant X _____ X _____
must sign individually X _____ X _____

Single	or Family	* Add'l. Adult	* Junior	* Foreign Address	New or Renewal	or Reinstatement
\$50	or \$75	+ (\$20 ea.)	+ (\$15 ea.)	+ (\$20 per household for add'l postage)	(Same fees)	(Double the Current dues)
Date received: ____/____/____ Amount paid : \$_____ by check #_____ by _____						
Ballot Date Approved/Rejected: ____/____/____ Date Notified ____/____/____ by _____						
Further action: _____						

Form Approved 9/11