

CANADIAN KENNEL CLUB®

CLUB CANIN CANADIEN^{MD}

5397 EGLINTON AVE W, SUITE 101, ETOBICOKE, ON, M9C 5K6 | TEL (416) 675-5511 | 1 (855) 364-7252 | www.ckc.ca

APPLICATION FOR CLUB RECOGNITION

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 Canadian Kennel Club, Club Relations, Shows & Trials Division, or by email to clubrelations@ckc.ca

1.	Date Club was formed:				
2.	Objectives of Club:				
3.	Club's 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?	YES	NO		
	If 'YES', what is/are the name(s) of the other Club(s)?				
5.	Is this Club a branch of a 'parent' Club?	YES	NO		
	If 'YES', what is the name of the 'parent' Club?				
6.	If you have previously applied for recognition, please provide the dat	te you last applied:			
7.	The following supporting documentation must accompany this application:				
	A complete list of names, membership numbers and addresses of the members of the Club				
	If this is a Specialty Club, please provide a list of the breeds and registration numbers of the dogs owned by each member				
	A current copy of the Constitution and/or By-Laws of the Club				
	Copies of the Minutes of meetings for one (1) year preceding this application				
	If this is for a branch of a 'parent' Club, a letter from the 'parent' or National Club acknowledging this application				
	Details of activities and community involvement for the year preceding this application				
	Copy of a map with defined area of operation (not required for National Club applications)				
	The required fee as per the current Fee Schedule				
DΑ	YMENT INFORMATION				
	THENT INFORMATION				
	Fee - please refer to the CKC Schedule of Fees for the required amount.				
_	ollecting CVV numbers for credit cards is prohibited, but required to process. If it is not included with your submission, you will be contacted by Staff to provide it. ayment in full to be made in Canadian dollars and payable to The Canadian Kennel Club. Discounted cheques in US dollars will not be accepted.				
7		·	o dottaro withouse decepted.		
	VISA Certified Cheque	Money Order	Total Enclosed:		
	Cradit Card Number	Evning Date			
	Credit Card Number	Expiry Date	2		
	Clearly Print Cardholder Name	Authorized	Cardholder Signature		

CLUB DIRECTORS

National Clubs are required to have a Board of Directors consisting of the officers of the Club and a minimum of four (4) regional directors. Officers and directors must be distributed across the Country. Provided there are always members of the Board of Directors residing in at least three (3) regions, the directors of the Club may be elected by the members residing in the region which the director resides or at the National level. For the purposes of this provision, the three (3) regions are:

- 1. All zones west of Ontario plus Yukon, NWT and Nunavut
- 2. Ontario
- 3. All zones east of Ontario

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. In all cases, a minimum of two (2) directors are required.

Name			CKC Membership Number	
Mailing Address				
City	Province	Postal Code	Telephone Number	
Email Address			Cellular Number	
Name			CKC Membership Number	
Mailing Address				
City	Province	Postal Code	Telephone Number	
Email Address			Cellular Number	
Name			CKC Membership Number	
Mailing Address				
City	Province	Postal Code	Telephone Number	
Email Address			Cellular Number	
Name			CKC Membership Number	
Mailing Address				
City	Province	Postal Code	Telephone Number	
Email Address			Cellular Number	
Name			CKC Membership Number	
Mailing Address				
City	Province	Postal Code	Telephone Number	
Email Address 151-09-51 [05.28.24]			Cellular Number	

CLUB OFFICERS

Please Note: The President and Vice-President together with one of the Secretary or Treasurer must be CKC Members in good standing.

PRESIDENT				
Name			CKC Membership Number	
Mailing Address				
City	Province	Postal Code	Telephone Number	
Email Address			Cellular Number	
VICE-PRESIDENT				
Name			CKC Membership Number	
Mailing Address				
City	Province	Postal Code	Telephone Number	
Email Address			Cellular Number	
SECRETARY				
Name			CKC Membership Number	
Mailing Address				
City	Province	Postal Code	Telephone Number	
Email Address			Cellular Number	
TREASURER				
Name			CKC Membership Number	
Mailing Address				
City	Province	Postal Code	Telephone Number	
Email Address			Cellular Number	

CLUB OFFICERS

Name			CKC Membership Number
Mailing Address			
City	Province	Postal Code	Telephone Number
Email Address			Cellular Number
Name			CKC Membership Number
Mailing Address			
City	Province	Postal Code	Telephone Number
Email Address			Cellular Number
1	Cennel Club to approve this application		e also understand that there is no obligation on is rejected, we have no recourse against The CKC.
i resident s name (typ	e or printy	Dute	
President's signature			
Secretary's name (typ	pe or print)	Date	
Secretary's signature			
Date Received	Reference Number	 Date Approved	Approved by CKC