

Name:

Sleeping Giant Kennel Club



Membership Profile and Application

Address:					
City:		State:		Zip code	
Phone #		Email:		-	
Website:					
What breed/bre	eeds of dogs do you have?				
How many dog	gs do you have and if you breed, how m	nany litter	rs a year?		
	st with your dogs. Conformation: Ob	edience:	Herding: Agility: Cart	ing/Weight Pulli	ing:
What other do	g-related clubs do you belong to?				
What experience or background do you have which is dog related?					
What area or fo	ocus would you like the club to concent	rate on?			
Would you be	willing to hold office or work in any pa	ırticular a	rea in the club?		
Please add any experience.	information not covered above which y	you feel s	hould be known about	your dogs or you	ır
Type of Men	nbership	_	Iembership/Adult Membership		\$12.00 \$18.00
Please mail the	our check payable to the 'SLEEPING (application along with payment to: leeping Giant Kennel Club, Joyce Leac			e, CT 06410	
Existing Club	Sponsor Signature			Date	
Applicants Sig	nature			Date	