

Please indicate areas of activities/ committees you would like to serve and that which would serve you:

Agility _____	Hospitality _____
Conformation _____	Publicity/Advertising _____
Canine Good Citizenship _____	Ring Steward _____
Therapy Dog _____	Program Planning _____
Obedience _____	MKC Officer _____
Temperament Test _____	Committee member _____
Volunteer for Special Events, such as MKC Dog Show or Fun Day: _____	

Applicant's Signature: _____ **Date:** _____
Applicant's Signature: _____ **Date:** _____
Sponsor's Signature: _____ **Date:** _____

Completed Application, **Along With Dues** should be returned following second meeting.

Return At a General Membership Meeting or mail to:

**Lisa Sims
1st Vice President
102 Red Eagle Trail
Macon, GA 31210**

Official Action (To Be Completed By the Macon Kennel Club, Inc.)

Applicant's First Meeting Date: _____ **Second:** _____ **Third:** _____

Home Visit Check Date: _____ **Approved:** _____ **Disapproved:** _____

Notations:

General Membership Approval: Yes: _____ **No:** _____

Date: _____ **Dues Paid:** _____

Applicant Approval/Disapproval Letter – Date Sent: _____