



Membership/Renewal Application

Year(s) _____

Term of renewal: 1 year ___ OR 2 years ___ OR 3 years ___

ANNUAL DUES: Individual \$15.00 Family \$20.00

Name(s) _____

Address _____

Town/City _____ Province/State _____

Postal/Zip _____ Phone (____) _____

email _____ Fax (____) _____

Kennel name _____ CKC Reg'd? _____

CKC #(s) _____

Current involvement with Elkhounds **B** **D**
(please circle B=breeding kennel; D=pet owner)

CERTIFICATE OF APPLICANT(S)

I/We hereby apply/re-apply for membership/renewal in the Norwegian Elkhound Club of Canada. If accepted, I/we agree to abide by the Constitution and Bylaws of the Club and of the Canadian Kennel Club.

Date _____ Signed _____

Signed _____

DUES INCLUDED: Annual dues X term of renewal = \$ _____

Please remit by cheque or money order payable to the Norwegian Elkhound Club of Canada; outside Canada, please remit full fee in U.S. funds.

Please send completed application form and dues to the Treasurer:
Liz Sykes, 481 Avalon Place, Ottawa ON K1G 4C8 Canada