

AMERICAN SPANIEL CLUB, INC.

Founded 1881

I wish to apply for membership in the American Spaniel Club, Inc. (ASC). It is understood that any application for membership is subject to an approval process in accordance with the by-laws and policies of ASC.

Please Print or type the following information

(Mr. Mrs. Miss Ms.) _____

Mailing Address _____

NINE DIGIT Zip Code For U.S. and/or Foreign Zip Code _____ Phone _____

May we list your phone # in the Club's Membership directory? YES _____ NO _____ Fax# _____

If you are under 18 years of age state birthdate _____ E-mail Address _____

Are you a member of a breed or all-breed Club? If yes, name club(s) _____

Are you an owner of a spaniel(s)? Yes () No () If Yes, name breed(s) _____

Why do you wish to join ASC? _____

Describe your involvement in dogs (breeder, exhibitor, etc.) _____

What is your occupation? _____

Are you willing or able to donate time and skills on behalf of ASC? YES (___) NO (___). If YES, what skills/talents might be of service to ASC? _____

I acknowledge receipt of the articles of incorporation, by-laws, code of ethics and code of ethics signature card to sign and return with application material. By signing this application, I agree that, if accepted into membership, I will abide by all rules and regulations of the American Spaniel Club, Inc. as covered by its articles of incorporation, by-laws and code of ethics, as well as all decisions of the Club's Board of Directors. I also agree to abide by all rules of the American Kennel Club.

Signature of Applicant _____ Date _____

Print names/addresses/phone numbers of your 2 sponsors below

Sponsor _____ Phone # _____

Address _____ Date _____

Sponsor _____ Phone # _____

Address _____ Date _____

Note to Applicant: Please refer to the application process and dues schedule included with the application "packet.". If you have any questions please write, call, fax or e-mail the Club Secretary.

Forward Application Form, Required Fees (check or money order), 2 Sponsor Forms, Signed Code of Ethics Card and a stamped envelope (addressed to the Secretary) to the appropriate Zone Director.

Jane Harmon
ASC Membership Chair
45 Ontario Dr
Hudson MA 01749-3132
978-562-9696 V/F

Date Received _____

Date Published _____

Date Accepted _____ Rejected _____

Signature of Zone Director (President on Foreign Applicants) _____