



THE SAMOYED ASSOCIATION OF CENTRAL ONTARIO

Application for membership

Name: _____

Address: _____

Postal Code: _____

Telephone: _____ E-Mail: _____

Website URL: _____

Kennel Name(if applicable): _____

Are you a member of: Canadian Kennel Club _____
Samoyed Assoc. of Canada _____
Samoyed Club of America _____
Any other Kennel/Dog Club _____

Other (*All-breed, Specialty, Obedience, etc.*) _____

Offices held: _____

Areas of involvement or interest: Conformation _____ Sledding _____
Obedience _____ Herding _____
Breeding _____ Agility _____
Pet Owner _____ Flyball _____
Other _____

Samoyed(s) owned or co-owned (Name & CKC/AKC reg. # or "rescue"): _____

Membership Fee (enclose with application): Individual \$15/yr Family (2) \$25/yr

Membership Type: Regular ____ Associate (*outside Ontario*) ____

Mail your completed application and fee to:

Kerry Meydam, Secretary SACO

3828 Trulls Road

Courtice, Ontario L1E 2L3

If accepted as a member I agree to abide by the rules of the CKC, and the Constitution and Bylaws and Code of Ethics of the Samoyed Association of Central Ontario.

Signature(s): _____ Date _____

Sponsor: _____

SACO website: <http://www.ontariosamoyedclub.com>

SACO Secretary: secretary@ontariosamoyedclub.com