



## CORNWALL DISTRICT KENNEL CLUB

### Membership Application

Annual Dues: **Cad\$20** Individual / **Cad\$25** Family

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Home Telephone: (     ) \_\_\_\_\_

Work Telephone: (     ) \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Canadian Kennel Club Membership # (not mandatory) \_\_\_\_\_

Please send completed application form to:

Bob Kikkert

917 Queen St., Cornwall, Ontario K6J 1P3 Canada

613-938-0953 Cell: 613-363-3715

Email: [rkikkert@cogeco.ca](mailto:rkikkert@cogeco.ca)