



Breeder Referral Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Kennel Name: _____

Phone Number: _____

E-mail: _____

Website (if any): _____

If you would like to include a photo, please send .jpg image to MikeAGross@gmail.com

By signing this membership application, you are agreeing to abide by the Club's current Bylaws and Constitution and by the Ethical Guidelines of the American Cavalier King Charles Spaniel Club, Inc.; and that you are a member in good standing with the American Kennel Club.

Signature: _____ Date: _____

Please print, sign, and return this form, with \$75 fee (valid for one year), to:
Francesca Gross P.O. Box 1012 Brownstown, PA 17508