



Cavalier King Charles Spaniel Fanciers  
of the Susquehanna Valley  
Membership Application

Type of Membership:

- Regular (Individual) - \$25  
 Associate Member (outside of region, no voting rights) - \$25  
 Household (2 adults same household) - \$40

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Check for Email correspondence only

Are you a member of the ACKCSC? \_\_\_\_\_ How long? \_\_\_\_\_

Do you own a Cavalier? \_\_\_\_\_ How long? \_\_\_\_\_ Kennel Name (if applicable): \_\_\_\_\_

Any other breeds? \_\_\_\_\_

Areas you are currently involved (Check all that apply):

Conformation  Obedience  Agility  Pet Therapy  Rescue  Other \_\_\_\_\_

Areas you are interested in (Check all that apply):

Matches/Organization  Fundraising  Public Education  Breeder Referral  
 Membership  Rescue/Therapy  Other (specify) \_\_\_\_\_

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*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.*

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*Applicant Signature*                      *Date*                      *Applicant Signature (household)*                      *Date*

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*Sponsor 1 Signature*                      *Date*                      *Sponsor 2 Signature*                      *Date*

Please mail your application along with a check made payable to CKCSF-SV to:  
Elizabeth Colbert, CKCSF-SV Secretary, 171 Bethany Rd, Ephrata, PA 17522