



APPLICATION FOR MEMBERSHIP The Cocker Spaniel Club Of Eastern Missouri

NAME OF APPLICANT(S): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

WEBSITE: _____

STATE BRIEFLY YOUR REASONS FOR WANTING TO JOIN THIS CLUB: _____

If i (we) are elected, i (we) agree to abide by the by-laws and the code of ethics of this club.

DATE: _____ SIGNATURE: _____

SIGNATURE: _____

APPLICATION SPONSOR BY: 1. _____
(CLUB MEMBER)

2. _____
(CLUB MEMBER)

FEES: a fee of \$15 per person or \$25 per household must accompany this application.

FEES PAID: YES _____ NO _____

Applicants must attend the regular meeting at which this application is presented.

1ST READING, APPLICANT PRESENT: YES _____ NO _____

2ND READING, APPLICANT PRESENT: YES _____ NO _____

VOTE _____