



2024 NEW MEMBERSHIP APPLICATION

(Optional) Referred by: _____

Please print all information.

A P P L I C A N T	LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	
	STREET:					
	CITY:		STATE:	ZIP+4:	COUNTRY:	
	PRIMARY PHONE:		<input type="checkbox"/> Do not publish phone number in the CKCSC Yearbook.	E-MAIL ADDRESS:		
	<input type="checkbox"/>		Show Premium: You will receive emails when show premiums are available for download. Check this box if you also want a paper premium mailed to you.			

I hereby apply for membership in the Cavalier King Charles Spaniel Club, USA, Inc. (CKCSC-USA). I understand that the By-laws of the CKCSC-USA include the Code of Ethics. I agree to abide by the By-laws and all other Policies and Procedures of the CKCSC-USA as in force at the date of my application and as may be subsequently modified and/or amended by the Officers, Directors and Members of the CKCSC-USA. Membership approval is not automatically granted.

SIGNATURE OF APPLICANT (USE ONE FORM PER INDIVIDUAL):	DATE:
---	-------

Please print the name, registration number, transfer number, sex and color of the youngest Cavalier you own.

D O G	REGISTERED NAME OF DOG:	CKCSC REGISTRATION #:	TRANSFER # (if applicable):	COLOR:	SEX (M/F):
			T-		

Please check below the type of membership for which you are applying. Note: If you reside outside the USA you must check FOREIGN MEMBERSHIP. Dues run from January 1st to December 31st of each calendar year.

N A T I O N A L	<input type="checkbox"/>	REGULAR MEMBERSHIP: \$50.00 annually. Open to residents of the United States of America, 18 years or older, who meet any of the following criteria: 1. The Owner of a Cavalier King Charles Spaniel which is registered with the CKCSC-USA. (However, if two or more persons own such a Cavalier King Charles Spaniel, any two, but in no case more than two, shall be entitled to Regular Membership based on such ownership). 2. Any member of the immediate family (parent, spouse, domestic partner, child) of an individual eligible member under 1. above. 3. The Owner of a Rescue Cavalier listed with the CKCSC-USA. 4. A Regular Member who does not currently own a Cavalier King Charles Spaniel registered with the CKCSC-USA, but has owned one for the previous two full years or more, may retain Regular Membership by paying annual dues for a further period of two full years, as long as she/he fulfills the other requirements for Regular Membership. After that period, if she/he has not acquired ownership of another Cavalier, she/he may continue Membership in the CKCSC-USA, as an Associate member.
	<input type="checkbox"/>	DISCOUNTED REGULAR MEMBERSHIP FOR ONE FAMILY MEMBER: \$25.00 annually. Available to families of Regular Members only. If this type of membership is requested, check the box and attach the REGULAR MEMBERSHIP SUPPLEMENTAL APPLICATION FOR A FAMILY MEMBER to this application. Name of Family Member:
	<input type="checkbox"/>	ASSOCIATE MEMBERSHIP: \$50.00 annually. Open to any person who is interested in the Cavalier King Charles Spaniel breed and who is not eligible for Regular Membership. If this membership is for a minor child, please give child's birth date.
	<input type="checkbox"/>	FOREIGN MEMBERSHIP: \$60.00 annually.
	<input type="checkbox"/>	Statistics of the CKCSC-USA. (If you wish to subscribe, please make the appropriate choice below) This is a subscription to the quarterly statistical report of the CKCSC-USA. Statistics include New Members, Transfers of Ownership, Litter Registrations, Imported Dogs, Additions of Affix, Deceased Dogs, etc.
	<input type="checkbox"/>	Statistics Electronic Subscription for \$20.00 annually delivered via email in Adobe Acrobat format
	<input type="checkbox"/>	Statistics Printed Subscription for \$75.00 annually delivered via postal mail

Please check below any regional clubs for which you are applying. Join as many regionals as you like!
To join a Regional Club(s) you must also be a member of the CKCSC-USA.

R E G I O N A L S	<input type="checkbox"/>	Cavaliers Of The Midwest Membership @ \$20.00 annually Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Texas, Wisconsin
	<input type="checkbox"/>	Cavaliers Of The Northeast Membership @ \$20.00 annually Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, West Virginia
	<input type="checkbox"/>	Cavaliers Of The South Membership @ \$20.00 annually Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia
	<input type="checkbox"/>	Cavaliers Of The West Membership @ \$20.00 annually Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

\$	GRAND TOTAL OF ALL ITEMS ON THIS FORM plus, if applicable, total regional club dues from a Regular Membership Supplemental Application For A Family Member
-----------	---

2024 NEW MEMBERSHIP APPLICATION

NEXT STEP: Send to Membership Secretary:

1. This completed and signed **NEW MEMBERSHIP APPLICATION**.
2. If applying for a Regular Membership for an additional family member, a completed **REGULAR MEMBERSHIP SUPPLEMENTAL APPLICATION FOR A FAMILY MEMBER**, signed by the family member. (See #3 below).

3. **CORRECT FEE**

US Funds Only: Personal Check/Money Order (payable to CKCSC, USA, Inc.) or Credit/Debit Card

VISA MasterCard Discover American Express

Card #: _____ **Exp:** _____ / _____

I authorize CKCSC-USA to apply the exact fee necessary to accomplish this transaction.

Signature of Cardholder _____

(This document will not be processed without authorized signature.)

READ BEFORE SENDING:

1. Regular and Associate Memberships are granted to individuals on an annual basis from January 1 through December 31. The membership of a person joining from October 1 through December 31 shall run until the end of the following year.
2. Club publications distributed to all members are the **Bulletin** (published three times a year) and the **Yearbook** (annually in October). New members will receive those Club publications which are distributed to all members at the time of general distribution from the date (day) of, but not prior to, the date (day) of membership acceptance.
3. For any Regular Member, a second Regular Membership for one other member in the household is available at a discount. The additional family member must live at the same residence and be over 18 years of age. Both are Regular Members and can vote and show at all CKCSC-USA events, but only one set of printed publications is mailed to the household.

If applicable, verify that the **Grand Total** of all items on the **New Membership Application** includes the subtotal, if any, from the Regular Membership Supplemental Application For A Family Member.

4. All four Regional Clubs welcome new Members from all parts of the country and sponsor Championship Point Shows, Fun Matches, Health Clinics, Educational Seminars and other activities. In addition to the National's **Bulletin**, all four Regional Clubs produce their own informative newsletters that provide additional information on local/regional activities. The only requirement for membership in a Regional Club is membership in the CKCSC-USA.

Submit to:
CKCSC, USA, Inc.
Earline Barrios, Membership Secretary
10444 Tuminaro Lane
Amite, LA 70422-4442