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|  | **Chicagoland Hound Association**  **Application for Membership**  Membership dues: **$10 annually per person.** Payable on or before January 1 each year.   * New member | | | |
| **CONTACT INFORMATION** | | | | |
| Name(s): | | | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Phone: | | Email: | | |
| **OTHER CLUB MEMBERSHIPS**  Please list the all-breed and specialty clubs to which you currently belong (and note any offices held). | | | | |
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| **HOUND INFORMATION**  Please list the Hound Breeds you have owned (and note those breeds currently with you). | | | | |
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| □ I am a breeder and my Kennel Name is: | | | | |
| **ACTIVITIES, EXPERIENCE, INTERESTS**  Please list the activities & events you participate in with your hounds and any experiences or interests that would benefit the club. | | | | |
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| **SIGNATURE and DATE**   * I (we) hereby make application for membership in the Chicagoland Hound Association. * I (we) agree(s) to abide by the CHA constitution & bylaws and the rules of The American Kennel Club. * I (we) am/are 18 years of age or older and in good standing with the AKC. | | | | |
| Signature: | | | Date: | |
| Signature: | | | Date: | |