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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.
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| Signature: | Date: |
| Signature: | Date: |