

APPLICATION FOR UKC JUNIOR MEMBERSHIP

Return completed application to:

UKC Junior Program, 100 E Kilgore Rd, Kalamazoo MI 49002-5584.

Please print or type clearly. Incomplete forms will be returned.

For more information, write to the above address,
phone (269) 343-9020,fax (269) 349-5590, or e-mail juniors@ukcdogs.com

Please only submit one applicatio NAME: FIRST	·		
ADDRESS			
			ZIP
PHONE # E-MAIL ADDRESS			
DATE OF BIRTH: MONTH	Date	YEAR	
I agree to abide by the rule	s of the UKC Junior Program,	as well as a	ll other UKC rules and regulations.
Signature of Junior M	ember		Signature of Parent or Legal Guardian
			is. We may ask UKC Junior Members to inars or training programs based on the
Yes – I would like to learn how members by way of Seminars of		th the UKC	Junior program and helping other Junior
No − Currently I do not have the programs at this time.	e basic skills and or experience	ce necessar	y to help with Junior Seminars or Training
Breed(s) of dog(s) you have experie	ence with:		
Events that you have participated o	or intend to participate in:	☐ Confor	mation (Junior Showmanship)
Dock Jumping		Lure C	oursing
■ Nosework		Rally C	Dedience
Obedience		☐ Weight	Pull
☐ Drag Racing			
Events that you are interested in le	earning more about:		
Agility		Confor	mation (Junior Showmanship)
Dock Jumping		Lure C	oursing
□ Nosework		Rally C	Dedience
Obedience		Weight	Pull
☐ Drag Racing			
The membership number	r assigned will remain the sc	ame until the	e junior member has aged out.
OFFICE USE ONLY	Date Receive	ed	Date Processed
# Assigned		Initi	ale of Processor