



**CAVALIER KING CHARLES SPANIEL CLUB OF PUGET SOUND  
REGULAR AND FAMILY\* MEMBERSHIP APPLICATION**

(\*Family=1 Regular & 1 Associate)

*Applicant for Regular or Family Membership must be 18 years of age and older who are residents of the United States and who own, or whose immediate household member owns, a Cavalier King Charles Spaniel that is registered with the American Kennel Club. Applicants must first apply for and maintain Associate Member status for a period of one year prior to applying for Regular Membership status. Regular Members shall be entitled to all rights and privileges including voting privileges of the Club. Family membership shall consist of one designated Regular member and as many Associate memberships as to include all members of the family 18 years of age and older. Family Membership is entitled to one vote per household. Applicant must carry the endorsement of two Regular Members in good standing that have known the applicant for a period of at least two years, and have visited their home and kennel area if applicable. Applicant must attend two General Meetings prior to when the application is read for the third time and voted on.*

Please type or print

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_ Occupation \_\_\_\_\_

Applicant is currently Associate Member of COPS \_\_\_\_\_ Date Joined \_\_\_\_\_

What COPS members or Cavalier owners to you know? \_\_\_\_\_

\_\_\_\_\_

When did you first acquire a Cavalier? \_\_\_\_\_

From Whom? \_\_\_\_\_

First Exhibit? \_\_\_\_\_

Kennel Name? \_\_\_\_\_ AKC Registered? \_\_\_\_\_

Have you ever been suspended from the privileges of any dog club, or the AKC? \_\_\_\_\_ If "Yes", state the name(s) of the club(s), the dates and circumstances:

\_\_\_\_\_

\_\_\_\_\_

**List all AKC recognized Kennel Clubs, Specialty or Obedience Clubs to which you belong and indicate dates of membership, positions held and term of each:**

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**Are you able to accept committee or other assignments for the Club?**

**Are you currently an AKC approved judge?\_\_\_\_\_ If so, what breeds**

**and/or groups?\_\_\_\_\_**

**What areas of interest or experience in Club work do you have?\_\_\_\_\_**

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**List other breeds you have kept, bred, or shown:**

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**Are you currently breeding dogs?\_\_\_\_\_ Exhibiting?\_\_\_\_\_**

**Average # of dogs you keep?\_\_\_\_\_**

**Exact # of all litters and breeds whelped in the last year\_\_\_\_\_**

**In the last 2 years\_\_\_\_\_ In the last 5 years\_\_\_\_\_**

**Exact # of Cavalier litters whelped by you in the last year\_\_\_\_\_**

**In the last 2 years\_\_\_\_\_ In the last 5 years\_\_\_\_\_**

**What health testing do you routinely perform on show and breeding stock?**

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**At which AKC shows have you exhibited your Cavalier in the last 2 years?**

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***By signing this application, the applicant agrees to abide by the By-Laws and Standing Rules of the Cavalier King Charles Spaniel Club of Puget Sound, and the rules of the American Kennel Club; acting always in the best interest of the Club and purebred dogs. Furthermore, the applicant agrees to update any information required by the Club upon request. This application is accepted subject to the approval of the Regular Members of the Club by majority vote. Should the application be denied, the Club is under no obligation to make known the reasons. I hereby understand and agree to the terms and conditions of this application.***

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Sponsor #1** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name Sponsor #1** \_\_\_\_\_

**Signature of Sponsor #2** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name Sponsor #2** \_\_\_\_\_

**Dues are \$35.00 per person per year for Regular Membership. Family Dues are \$35.00 per year. Dues must accompany this application. Checks made payable to COPS. Return application and dues to:  
Susan Benton, 12833 N.E. 91<sup>st</sup> Street, Kirkland, WA 98033**

**THIS APPLICATION MUST BE ACCOMPANIED BY TWO SPONSORSHIP FORMS COMPLETED AND SIGNED BY TWO REGULAR MEMBERS IN ACCORDANCE WITH THE BY LAWS.**

***(For Club Use Only)***

**Dates of Meetings Attended 1<sup>st</sup> Meeting** \_\_\_\_\_ **2<sup>nd</sup> Meeting** \_\_\_\_\_

**Received** \_\_\_\_\_ **Initial Ltr Mailed** \_\_\_\_\_ **Ck To Treasurer** \_\_\_\_\_ **\$** \_\_\_\_\_

**1<sup>st</sup> Reading** \_\_\_\_\_ **2<sup>nd</sup> Reading** \_\_\_\_\_ **Voting Ltr Mailed** \_\_\_\_\_

**3<sup>rd</sup> Reading & Vote:** \_\_\_\_\_ **Results Letter/Packet Mailed** \_\_\_\_\_



## CAVALIER KING CHARLES SPANIEL CLUB OF PUGET SOUND APPLICATION PROCESS – REGULAR/FAMILY MEMBER

Please read this section to assist you in understanding the COPS Club application process and the length of time it takes to process and vote on an application. It can take six months or more to go through the process and be voted on. Please answer application questions in as much detail as possible. If you need more room, feel free to attach additional sheets. Applications submitted on outdated forms will be returned to the applicant.

### APPLICATION PROCESS

1. Your application is received by the Membership Chair who makes sure it is complete. Note: Incomplete membership applications, or applications on outdated forms will be returned to the applicant, along with their check for dues.
2. You will receive a letter from the Membership Chair that your application has been received. At this time your application will proceed to the readings at General Meetings.
3. Any objections to your application will be discussed at the first and second readings, and no discussion for or against will be entertained at the third reading.
4. You will be informed, in writing by the Membership Chair to not be present at the third reading. At that meeting, when your application is read for the third time, your application will be voted on. Affirmative votes of 2/3 of the Regular Membership present, voting by secret ballot at that meeting will result in your acceptance into the Club. You will be informed in writing by the Secretary of the results of the voting.
5. Should your application be denied, COPS Club is under no obligation to make known the reasons. Cashing of your dues check does not indicate approval for membership. If you are not elected to membership, the dues amount will be refunded. COPS Club recommends that you retain a copy of your completed application form.



CAVALIER KING CHARLES SPANIEL CLUB OF PUGET SOUND

## SPONSORSHIP FORM – REGULAR MEMBER

*The sponsorship of a new club member is a major responsibility of the Club's Regular Members and should not be taken lightly. Please complete this form fully, accurately and in detail. Attach additional sheets if necessary. Voting members of the Club may rely solely on your comments regarding the applicant.*

**Please type or print**

Name of Applicant \_\_\_\_\_

How long have you known the Applicant? \_\_\_\_\_

Is this Applicant a Breeder \_\_\_\_\_ How Long \_\_\_\_\_ Exhibitor \_\_\_\_\_ How Long \_\_\_\_\_

Have you visited the Applicant's home and/or kennels? (Please report conditions)

\_\_\_\_\_  
\_\_\_\_\_

How long has the Applicant owned Cavaliers? \_\_\_\_\_

Other breeds owned \_\_\_\_\_ How long \_\_\_\_\_

Have you ever sold a dog to the applicant? \_\_\_\_\_ Most recent date \_\_\_\_\_

List of clubs in which this Applicant is a member \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you feel this Applicant has working knowledge of the Club and issues? \_\_\_\_\_

Why do you feel this Applicant would be an asset to Cavaliers of Puget Sound?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge this Applicant will attend meetings and actively participate in Club activities and events. Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not? \_\_\_\_\_

*Sponsorship of this applicant for membership in Cavalier King Charles Spaniel Club of Puget Sound is given of my own free will without pressure from the Applicant for membership or anyone else. I have answered the questions fully and to the best of my knowledge. I understand that my name will be announced as a sponsor of the Applicant. I understand that should this application not be approved, COPS is under no obligation to make known the reasons.*

Printed Name of Sponsor: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST ACCOMPANY COMPLETED REGULAR MEMBERSHIP APPLICATION**



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