

APPLICATION TO BECOME A UKC® APPROVED CLUB

Please print legibly and fill out both sides of form completely.

Club Name:					
City:		County:		State:	
Specific area of in	nterest (mav indica	ate more than one):			
☐ Coonhound			\square Pointing Dog	\square Shed Dog	
Club Physical Ado	dress:				
Directions to Club	o:				
	CL	UB MEME	BER INFORM	ATION	
	Please lis	st all club membe	rs (attach separate sh	eet if necessary).	
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Application To Become a UKC® Approved Club continued

CLUB OFFICER INFORMATION

PRESIDENT		
Name		
Address		
City	State/Prov	Postal Code
Phone	Email	
VICE-PRESIDENT		
Name		
Address		
City	State/Prov	Postal Code
Phone	Email	
SECRETARY		
Name		
Address		
City	State/Prov	Postal Code
Phone	Email	
TREASURER		
Name		
Address		
	State/Prov	
Phone	Email	
CORRESPONDING OFF	ICER	
Name		
Address		
City	State/Prov	Postal Code
	Email	
Please no	te that the Corresponding Officer is the person in your cl correspondence from UKC, such as event confirmati	
Additional information you	would like us to know about your club	