



CLUB OFFICER CHANGE/UPDATE FORM

100 E. Kilgore Rd, Kalamazoo MI 49002-5584
Fax: 269.349.5590 Email: Clubs@ukcdogs.com

UKC CLUB OFFICERS: Please list the current officers on file with UKC as well as the newly elected/appointed officers in the appropriate sections below. This form **MUST** be returned to UKC regardless if there have been any officer changes. UKC will verify and update our files with any changes indicated below.

NAME OF CLUB: _____

CLUB ID: _____ DATE OF ELECTION: _____

PLEASE NOTE: Both the current officer(s) as well as the newly elected officer(s) MUST sign this form. If the same person retains the same officer position then only one signature is required. If officer positions have changed or an individual who is newly elected is on this form, all signatures are required. Please note that a single person may not fill all officer positions. There must be more than one officer listed. The corresponding officer is the person designated by the club to receive all official documentation from United Kennel Club. This includes Event Applications and Club Newsletters. **Please name one club officer to be listed on the UKC website as the Club Contact. This person's name, email, and phone number will be posted. If left blank, the Corresponding Officer will be listed as the Club Contact.**

NAME OF CLUB CONTACT: _____

CURRENT OFFICERS

PRESIDENT

Name

Address

City, State/Prov., Postal Code

(_____) _____
Phone

Email

Signature of Acceptance

VICE PRESIDENT

Name

Address

City, State/Prov., Postal Code

(_____) _____
Phone

Email

Signature of Acceptance

NEWLY-ELECTED OFFICERS

PRESIDENT

Name

Address

City, State/Prov., Postal Code

(_____) _____
Phone

Email

Signature of Acceptance

VICE PRESIDENT

Name

Address

City, State/Prov., Postal Code

(_____) _____
Phone

Email

Signature of Acceptance

NAME OF CLUB: _____ CLUB ID: _____

SECRETARY

SECRETARY

Name

Name

Address

Address

City, State/Prov., Postal Code

City, State/Prov., Postal Code

(_____) _____
Phone

(_____) _____
Phone

Email

Email

Signature of Release

Signature of Acceptance

TREASURER

TREASURER

Name

Name

Address

Address

City, State/Prov., Postal Code

City, State/Prov., Postal Code

(_____) _____
Phone

(_____) _____
Phone

Email

Email

Signature of Release

Signature of Acceptance

CORRESPONDING OFFICER

CORRESPONDING OFFICER

Name

Name

Address

Address

City, State/Prov., Postal Code

City, State/Prov., Postal Code

(_____) _____
Phone

(_____) _____
Phone

Email

Email

Signature of Release

Signature of Acceptance