

Southern California Alaskan Malamute Club

Membership Application

Name:	Date:
Address:	City, State, Zip:
Phone:	E-Mail Address:
Occupation:	Are you affiliated with any other clubs? Yes No No
If Yes, Please li	st clubs:
How long have	you been involved with malamutes? Number of Malamutes owned:
Are you intere	sts in: Conformation? Obedience? Working? Rescue? Therapy?
Please list an	y titles held:
Do you breed?	Yes No No If yes, how long? Number of litters produced yearly:
and by-laws an Membership N	apply for membership in the Southern California Alaskan Malamute Club and agree to support the constitution and otherwise promote the welfare of the club. I/We acknowledge that I/We must attend at least one General Meeting before this application can be accepted. I/We are in good standing with the American Kennel Club. The necessary fees.
	Initiation Fee \$ Dues \$ Per Person Per couple
I	/We are applying for:
Signature:	
	Signatures of two (2) sponsors are required. They must be from different households. Sponsors must also be in good standing with the American Kennel Club and SCAMC.
Sponsors:	
Name:	Signature:
Address:	Phone:
Name:	Signature:
Address:	Phone:

Applications with appropriate fees and signatures may be mailed to: Southern California Alaskan Malamute Club, P. O. Box 3582, Burbank, CA 91508