



KAI KEN SOCIETY OF AMERICA

Membership Application

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Additional Family members: _____

Is everyone applying over the age of 18? Yes /No _____

I am a:

____ Kai Ken Owner ____ Kai Ken Breeder ____ AKC Judge

I am interested in:

____ Showing (Conformation) ____ Sports ____ Club events ____ Kai Ken ownership

Please tell us about your Dog and/or Kai Ken experience:

I would like to participate in the KKSA by:

____ Attending Meet the Breed events

____ Receiving the KKSA e-newsletter

____ Participating in AKC events

____ Kai Ken Ambassador

____ Help organize KKSA events

____ Help with KKSA committees

____ Voting Membership

____ Other: _____

Email Authorization

The Kai Ken Society of America Communicates via email. You will receive e-mails related to, but not limited to due reminders, KKSA and AKC events, newsletters, surveys, and club notices. By signing this application, you are agreeing to receive e-mail communications regarding the KKSA club. The signed applicant agrees to follow and uphold the KKSA constitution and By-laws. They also agree to follow the rules of the AKC, to act in the best interest of the Kai Ken and to aid others in honoring the breed, club, and fellow members.

Applicant: _____ Date: _____

Additional Applicant: _____ Date: _____

Please note that club members are volunteers and we will process your application as soon as possible. Thank you for your interest, we will try to get back to you as soon as possible.