NKC State Representative Application

Name of Applicant _____ Age _____

Phone # (____) ____ - _____ Work # (____) ____ - _____

Cell # (____) ____ - _____ Email _____

Complete Street Address: _____

City _____ ST _____ Zip _____

Name of Club(s) you're a member: _____

Dog's you have registered with the NKC: _____

_____

List breeds you have raised or are familiar with: _____

_____

Past NKC Club Office's you have held: _____

_____

Other animal organizations you are affiliated with: _____

_____

_____

Briefly state you past history that would make you a NKC representative:

_____

_____

_____

_____

_____

_____

_____

_____

Please list 2 references that can verify your knowledge of dogs:

_____

Name, Address & Phone #

_____

Name, Address & Phone #

Signature _____ Today's Date _____

This form is to be submitted to the **NKC/ARHA PO Box 331 Blaine, TN 37709**