

American Chesapeake Club

Incorporated

REGIONAL DIRECTOR APPLICATION

Note: before applying, please read Article IX, Regional Directors, in the ACC Constitution and By-Laws (applicant must have been a member for two years).

SECTION A: TO BE COMPLETED BY APPLICANT (please type or print clearly in ink)

Name:

e-mail:

Address:

Telephone:

-
1. What is your business, occupation or profession?
 2. How many Chesapeakes do you own?
 3. How many years have you owned Chesapeakes?
 4. List dog organizations or programs, other than ACC, in which you participate.
 5. Please list AKC events you have attended as a spectator or handler.
 6. AKC titles held by your dogs.
 7. What ACC events have you attended as a spectator, worker or entrant.
 8. Do any of your dogs have WD/X/Q Certificates?
 9. What are your specific areas of interest involving Chesapeakes; e.g. field trial, show, obedience, tracking, hunt tests, breeding, other?
 10. Do you train, show, handle or groom dogs for obedience, field trials, hunting or show (other than dogs owned by you) individually or in classes with their handlers?
 11. What are your objectives in becoming an RD?

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12. Do you agree that breeding stock should be free of hip Dysplasia and hereditary eye disease?
13. To what extent have you bred Chesapeakes – number of litters in what period of time?
14. How many Chesapeake brood bitches do you own? _____ Chesapeake studs? _____
15. To what extent have you bred dogs of breeds other than the Chesapeake?
16. Have you ever wholesaled or sold puppies or dogs to a pet shop?
17. Additional information or comments relevant to this application:

If appointed, you agree to support the RD Program as set forth in Article IX, to cooperate with the RD Chairs in providing financial and other information as requested, and to provide to the appropriate CE timely articles on planned or recent events for publication in the *ACC Bulletin*.

Signature: _____

Date: _____

SECTION B: TO BE COMPLETED BY 2 ACC MEMBERS WILLING TO RECOMMEND YOU TO BE AN RD. ONE ENDORSEMENT SHOULD BE MADE BY AN RD.

1. Name: _____ Date: _____
Address: _____
Telephone: _____
Comments: _____

2. Name: _____ Date: _____
Address: _____
Telephone: _____
Comments: _____

Thank you for applying to serve as a RD. Please complete Sections A and B and forward the application to the appropriate RD Chair, East or West. The application will be screened by the RD Chair prior to being sent to the President. The Board must approve the President's appointment. Please allow time for processing.

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SECTION C: TO BE COMPLETED BY THE RD CHAIR

Name(s) of RD(s) endorsing candidate's application:

Name(s) of RD(s) in candidate's state:

Comments:

Signature:

Date:

SECTION D: TO BE COMPLETED BY THE PRESIDENT

Comments:

Signature:

Date:

SECTION E: TO BE COMPLETED BY THE SECRETARY

Month and year applicant joined the ACC:

Type of membership currently held:

Approximate number of members in applicant's state:

Signature:

Date: