



# Membership Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Web Site: \_\_\_\_\_

I am applying for membership in the Chicago Killifish Association (CKA). If the Board approves my application, I agree to abide by the CKA by-laws and the American Killifish Association Code of Ethics.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a member of the AKA? (check one)  Yes  No

Have you ever been a member of the AKA (check one)  Yes  No

If no, how did you discover the CKA? \_\_\_\_\_

Are you currently keeping killies?

How long have you been keeping any aquarium?

Are you a member of any other aquarium club? (check one)  Yes  No

If yes, which one? \_\_\_\_\_

What kind of fish are you currently keeping? \_\_\_\_\_

Do you have any special interests? \_\_\_\_\_

What would you like to learn? \_\_\_\_\_

Do you have anything you would like to share? \_\_\_\_\_

**All applications are subject to CKA Board approval.**

Application Received: \_\_\_\_\_ Membership Dues Paid: \_\_\_\_\_

Approved by majority of the CKA Board: \_\_\_\_\_