



SCOTTISH TERRIER CLUB OF GREATER DAYTON, INC.

APPLICATION FOR MEMBERSHIP

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (_____) _____ OCCUPATION: _____

EMAIL: _____ KENNEL NAME: _____

Application is for: Family Membership () Single Membership () Junior Membership ()

If Junior Membership, give age () and the number of dogs you show ()

Number of Scottish Terriers you now own or co-own: Own () Co-Own () Litters Bred ()

List any other dog-related clubs in which you are active: _____

HAVE YOU EVER: Sold puppies to a pet store? Yes _____ No _____

Been suspended from another club? Yes _____ No _____

Been suspended from privileges of the AKC? Yes _____ No _____

Which of the following would you like to participate in?

Specialty Show Committees _____ Rescue Program _____ Program Development _____

Other: _____

I AGREE TO ABIDE BY THE CONSTITUTION, BY-LAWS, AND CODE OF ETHICS AND RULES OF THE SCOTTISH TERRIER CLUB OF GREATER DAYTON, INC.

Signed: _____

PRINT SPONSORS NAMES ON LINES BELOW AND HAVE THEM COMPLETE THE FORM:

SPONSOR 1

SPONSOR 2

Printed Name: _____

I have known the applicant (time) _____

I have visited the applicant's kennel Yes _____ No _____

I am satisfied with their conditions Yes _____ No _____

I feel the applicant will be an asset Yes _____ No _____

Signature of Sponsor: _____ Date: _____

Signature of Sponsor: _____ Date: _____

Signed Code of Ethics is submitted with this Application Yes _____ No _____

CLUB PRESIDENT'S SIGNATURE _____ Date _____

Dues and Initiation Fee with Application? Yes _____ \$/Check# _____ No _____

BOARD OF DIRECTOR'S RECOMMENDATION: Approve _____ Disapprove _____ Date _____

MEMBERSHIP ACTION: Accept _____ Reject _____ Date _____