

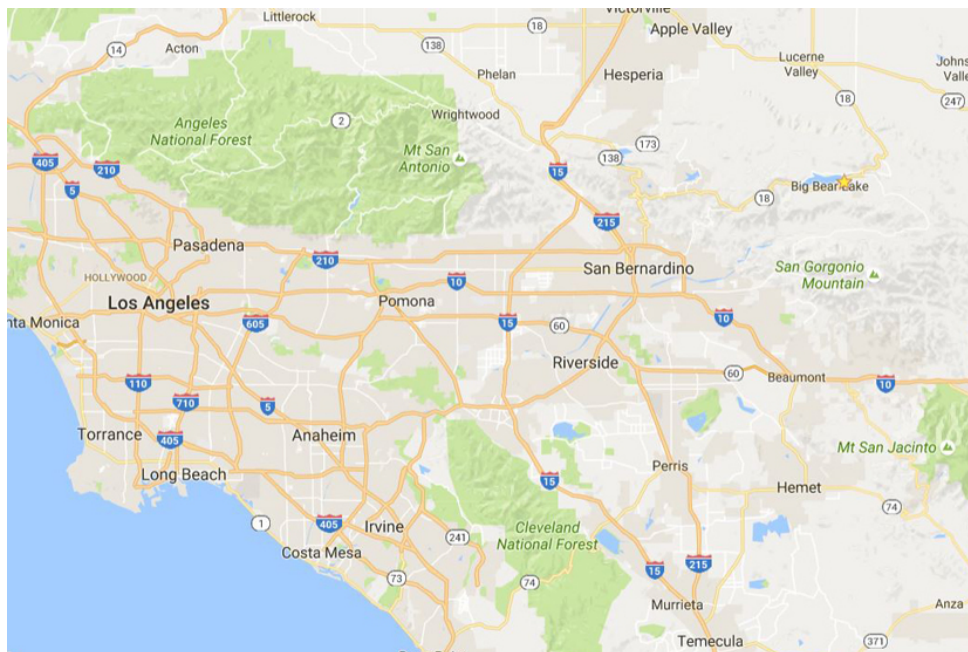
# Southern California Rat Terrier Club Membership Application Calendar Year - 2020

Name:			Occupation (optional):		
Address:					
City:			State:		Zip Code:
Phone:		Email:			
Are you a breeder of AKC registered Rat Terriers?			Yes		No
<b>OTHER HOUSEHOLD MEMBER INFORMATION FOR HOUSEHOLD &amp; JUNIOR MEMBERSHIP</b>					
Name:			Occupation (optional):		
Phone:		Email:			
Are you a breeder of AKC registered Rat Terriers?			Yes		No
<b>REFERENCES MUST BE MEMBERS IN GOOD STANDING</b>					
First Reference:		Phone:		Email:	
Second Reference:		Phone:		Email:	
<b>TYPE OF MEMBERSHIP REQUESTED (Associates &amp; Juniors do NOT have voting privileges)</b>					
<b>Single</b> (One vote):		\$25		<b>Household</b> (Two votes): \$ 35	
<b>Associate</b> (One member):		\$20		<b>Household Associate</b> (Two members): \$25	
Method of payment:		Cash		Check	
				PayPal (socalratterrierclub@gmail.com)	
I/We agree to receive notification of club meetings; dues notices; minutes and newsletters by electronic transmission.					YES
					NO
<b>MEMBER INFORMATION</b>					
Are you a Rat Terrier owner?		Yes	No	What Registry are your dogs registered with:	
Do you exhibit Rat Terriers in AKC?		Yes	No	AKC	
Are you a professional handler?		Yes	No	UKC	
Are you an AKC licensed judge?		Yes	No	Other:	
				Year of last litter registered with AKC:	
<b>CODE OF ETHICS</b>					
<p>I the undersigned acknowledge and agree that membership in the SCRTC is a privilege not a right, and that violations of this code may result in disciplinary action up to and including my/our expulsion from the club, consistent with the club's by-laws. As a condition of membership in the Southern California Rat Terrier Club I hereby acknowledge that I have read and understand and agree to this Code Of Ethics. I accept this Code in its entirety and I agree to be bound by it. The code of ethics can be found on the website at <a href="http://www.southerncaliforniaratterrierclub.org">www.southerncaliforniaratterrierclub.org</a>.</p>					
<b>SIGNATURES: If sending electronically, please type s/and your name on the signature line.</b>					
Applicant Signature:				Date:	
Spouse Signature ( <i>household membership only</i> ):				Date:	
Parent Signature ( <i>Junior membership only</i> ):				Date:	
Please mail this application to: SCRTC Membership: Barbara Jordan, P O Box 5285, Sugarloaf, CA 92386 or email to <a href="mailto:barbaraljordan@yahoo.com">barbaraljordan@yahoo.com</a> . You can attach a scan or photo of the application or a saved document to your email.					

To be filled out by Membership Chairperson **ONLY**

Cash / Check# / PayPal Transaction#:

Please review the map below to see the club's local territory. All general meetings and events will be held within this territory. Specialty shows will be held within 150 miles of Ontario, CA. Please consider whether you can attend events in the territory if you are joining as a voting member. Associate Membership is offered to those that cannot attend club events in the territory.



West Boundary: Santa Monica; East Boundary: Anza;  
North Boundary: Apple Valley; South Boundary: Temecula