



Southern California Rat Terrier Club Membership Application Calendar Year - 2019



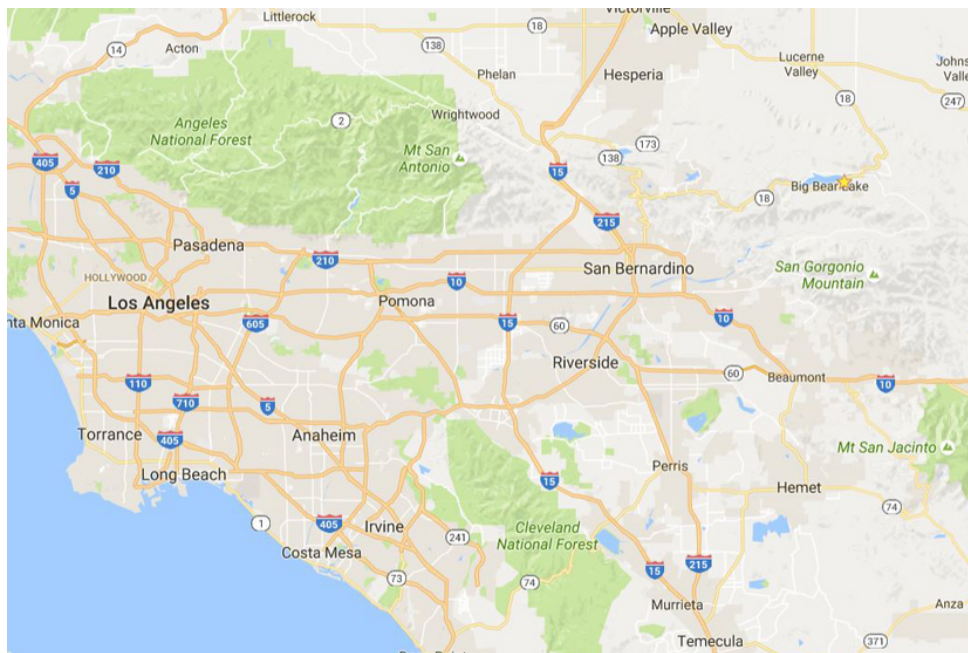
Name:			Occupation (optional):		
Address:					
City:			State:		Zip Code:
Phone:		Email:			
Are you a breeder of AKC registered Rat Terriers?			Yes		No
OTHER HOUSEHOLD MEMBER INFORMATION FOR HOUSEHOLD & JUNIOR MEMBERSHIP					
Name:			Occupation (optional):		
Phone:		Email:			
Are you a breeder of AKC registered Rat Terriers?			Yes		No
REFERENCES MUST BE MEMBERS IN GOOD STANDING (not required if a renewal)					
First Reference:		Phone:		Email:	
Second Reference:		Phone:		Email:	
TYPE OF MEMBERSHIP REQUESTED (Associates & Juniors do NOT have voting privileges)					
Single (One vote):		\$25		Household (Two votes): \$ 35	
Associate (One member):		\$20		Household Associate (Two members): \$25	
Method of payment:		Cash		Check PayPal (socialratterrierclub@gmail.com)	
I/We agree to receive notification of club meetings; dues notices; minutes and newsletters by electronic transmission.					YES NO
MEMBER INFORMATION					
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 UKC	
Are you a professional handler?		Yes	No	Other:	
Are you an AKC licensed judge?		Yes	No	Year of last litter registered with AKC:	
CODE OF ETHICS					
<p style="text-align: center;">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 www.southerncaliforniaratterrierclub.org.</p>					
SIGNATURES: If sending electronically, please type s/and your name on the signature line.					
Applicant Signature:				Date:	
Spouse Signature (household membership only) :				Date:	
Parent Signature (Junior membership only) :				Date:	
Please mail this application to: SCRTC Membership: Barbara Jordan, P O Box 5285, Sugarloaf, CA 92386 or email a scan or photo of this application to barbaraljordan@yahoo.com					

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

Cash / Check# / PayPal Transaction#:

Please review the map below to see if you reside in the territory for Regular or Household Membership.
 AKC requires that all voting members reside within the local territory of the club.
 Associate members can reside anywhere in the US or abroad.

If you fill out this application on the computer, please save it with your name in the file name before emailing the form.



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