



SPONSOR FORM FOR MEMBERSHIP

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

Email: _____

How long have you know the applicant(s)? _____

Does the applicant _____ Exhibit? _____ Breed? Scottish Terriers

Please specify _____

Have you visited the applicant's facilities?: _____

Describe your interaction with the applicant(s) _____

**Sponsor's
signature:** _____

Address: _____

Telephone: _____

Email: _____