

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			Yes	No				
OTHER HO	USEHOLD	MEMBER IN	IFORMATIO	ON FOR HOL	JSEHOLD &	JUNIOR MEMBERSH	IP	
Name:	Occupation (optional):							
Phone:			Email:					
Are you a breeder of AKC registered Rat Terriers?			•	Yes No				
	REFERENC	CES MUST BE	MEMBERS	S IN GOOD S	TANDING			
First Reference:			Phone:	ne: Email:				
Second Reference:			Phone:		Email:			
TYPE OF MEMBERSHIP REQUESTED (Associates & Juniors do NOT have voting privileges)								
Single (One vote):	\$25	Household	(Two votes):	\$ 35	Junior (Pare	ent signature required):	\$5	
Associate (One member	\$20	Household Associate (Two members): \$25						
Method of payment:	Cash		Check		PayPal (soca	lratterrierclub@gmail.	com)	
I/We agree to receive notification of club meetings; dues notices; minutes ar						newsletters by	YES	
electronic transmission.							NO	
		ı	MEMBER IN	NFORMATIO	N			
Are you a Rat Terrier owner? Ye		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	o Year of last litter registered with AKC:				
				OF ETHICS				
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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								
accept this code if	i its entiret			rniaratterrier		can be found on the w	ebsite at	
SIGNATURE	S: If send					e on the signature li	ne.	
SIGNATURES: If sending electronically, please type s/and your nar 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								
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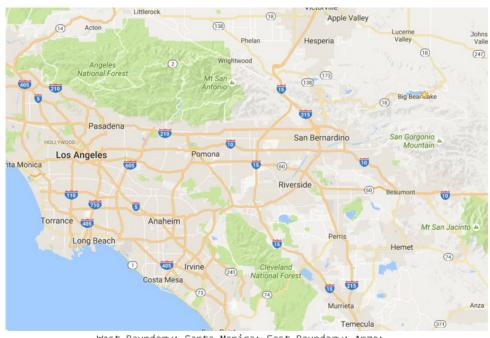
Please review the map below to see if you reside in the territory for Regular or Household Membership.

AKC requires that all voting members reside within the local territory of the club.

Associate members can reside anywhere in the US or abroad.

To be filled out by Membership Chairperson ONLY

Cash / Check# / PayPal Transaction#:



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