



STCTB Membership Application

I (We) _____

Hereby make application to become a member(s) of the Scottish Terrier Club of Tampa Bay, if elected to membership in the Club, I (We) agree to abide by the Constitution and Bylaws of the Club.

Do you own a Scottish Terrier? _____ How Many? _____

Are you, or have you been, a member of any kennel club or specialty club? _____

Have you bred dogs and, if so, how many litters each year? _____

Reasons for interest in joining the Club:

Describe your involvement with Scotties:

Please review the information available on the www.stctb.biz under Membership and News on the header bar. Information including bylaws, payment methods, and expanded definitions of committee roles and responsibilities will assist you in completing your application.

Participation: Please consider volunteering! Indicate below where you'd like to participate (must select at least one).

_____ **Event Committee**- To plan, promote, and execute memorable, rewarding, educational, and fun club activities that protect and advance interests of the breed, enrich the Scottish Terrier ownership experience and build club camaraderie

_____ **Ways and Means (W&M) Committee**- To provide information and recommendations to the board regarding fundraising, budget, purchasing and identify ways to raise revenue. The W&M committee will also function in a support role to assist other committees and initiatives with purchasing, pricing, sales, and fundraising efforts.

_____ **Service Committee**- To encourage community service providing additional opportunities for our members to engage with their dogs, each other, and their communities as well as showcase the Scottish Terriers' ability to bring joy in yet another meaningful way.

_____ **Show Committee**- To plan and execute all aspects of a successful specialty show with associated sweepstakes competition.

_____ **As needed Volunteer**-Don't have time to serve on a committee but want to be involved? Select this option to be included on an "on call" email list and get notified with details when the club or committees need help.

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Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Occupation(s): _____

Membership Levels and application fees:

_____ \$30.00 Single membership (voting for 1)

_____ \$40.00 Household/Family membership (voting for 2)

_____ \$00.00 Junior membership (10 – 17 years old)

Again, please refer to www.stctb.biz under Membership and News for information on payment methods. If you are paying electronically, please include your name on the 'add message' line.

When all application materials are received (Application, Application Fee, Code of Ethics, and Sponsor Form) your application will be considered by the STCTB Board for action. If approved, the application is referred to the club membership for comments and recommendations. If no significant objections to your membership are raised, your application is forwarded to the Board for final approval. If, for any reason, your application is not supported your application fee will be refunded. If you have any questions, please contact Laurie Slater, Membership Coordinator, at tampascotties@gmail.com

If emailing materials, send to scottydiehard@aol.com

Or mail to: Elizabeth Driscoll
345 Lavista Drive
Cleveland, Georgia 30528

Do not write below this line

_____ Date Application Received

_____ Date Signed Code of Ethics Received

_____ Date Sponsor Form Received

_____ Date Payment Received

_____ First Board Reading of Application

_____ Date of Notice to Membership

_____ Final Board Approval

_____ Acknowledgement Sent to Member