Southern California Rat Terrier Club Membership						
2023						
Name: Occupat				n (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:			Occupatio	n (optional):		
Phone:		Email:				
Are you a breeder of AKC registered	Rat Terriers?			Yes	No	
REFERENCES MUST BE MEMBERS IN GOOD STANDING						
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	Junior (Pare	ent signature required):	\$5
Associate (One member):		\$20	Household	d 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 and newsletters by YES						
electronic transmission.						NO
MEMBER INFORMATION						
Are you a Rat Terrier owner?	Yes	No	What Regis	try are your d	ogs 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 register	ed with AKC:	
CODE OF ETHICS						
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.southercaliforniaratterrierclub.org.						
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 to barbaraljordan@yahoo.com. 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#:

If you are a breeder and would like to be listed for 2022 in our Breeder Directory, please include a \$10 payment for your listing. If you are already listed and their should be changes to your listing, please let Barbara Jordan know. If your listing is new, please provide Barbara Jordan with your Kennel Name (if any), your name, address, phone number and website (if you have one.)