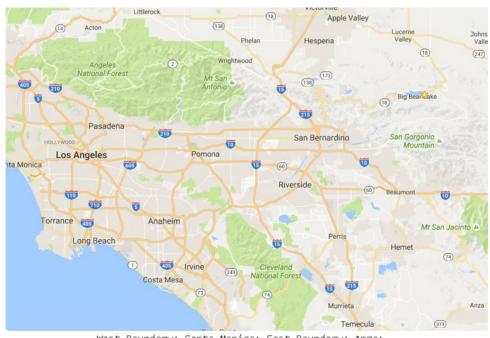


## Southern California Rat Terrier Club Membership Application Calendar Year - 2018



NEW MEMBERSHIP				RENEWAL	•		
Name:				Occupation (optional):			
Address:							
City:					State:	Zip Cod	e:
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 re			Yes	No			
REFERENCES MUST BE MEMBERS IN GOOD STANDING (Disregard this section if renewal)							
First Reference:			Phone: Email:		Email:		
Second Reference:			Phone:	Email:			
TYPE OF MEMBERSHIP REQUESTED (Associates & Juniors do NOT have voting privileges)							
Single (One vote):	\$25	Household (	Two votes):	\$ 35	<b>Junior</b> (Pare	nt signature required):	\$5
Associate (One member):			\$20	Household	Associate (	Two members):	\$25
Method of payment: Ca	sh		Check		PayPal (soca	lratterrierclub@gmai	il.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 Regist	ry are your d	ogs registered with:	
Do you exhibit Rat Terriers in A	KC?	Yes	No	AKC		UKC	
Are you a professional hand	ler?	Yes	No	Other:			
Are you an AKC licensed jud	ge?	Yes	No	Year of last l	itter 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: Jackie Ader, 41790 Terwilliger Rd, Anza, CA 92539							
or email to socalratterrierclub@gmail.com							
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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