



## 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: \_\_\_\_\_

Other breeds owned: \_\_\_\_\_

Are you 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 select Club committees on which you would like to serve (*must check at least one*):

\_\_\_\_\_ Scottie Boutique

\_\_\_\_\_ Breed Booth AKC National Dog Show  
Orlando – held in December

\_\_\_\_\_ Specialty Show

\_\_\_\_\_ Fun Days

Occupation(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Applicant(s) \_\_\_\_\_

\_\_\_\_\_

Print sponsor's name: \_\_\_\_\_

(A sponsorship form is needed.)

Enclosed is a check for \$ \_\_\_\_\_ \$25.00 Associate membership (single or family)

\$ \_\_\_\_\_ \$30.00 Single membership (voting - 1)

\$ \_\_\_\_\_ \$40.00 Household membership (voting - 2)

- Associate membership is recommended for those that cannot attend meetings and functions on a regular basis. Associate members are entitled to all privileges of the club except voting and holding office.

After submission of this application with your check or PayPal payment, it will be considered by the STCTB Board for action. Membership fee to STCTB must accompany your application, funds to be returned if applicant is rejected. If you have any questions please contact Laurie Slater at tampascotties@gmail.com.

**Please mail Application, signed Code of Ethics, and Sponsor form to:**

**Laurie Slater, 15908 McGlamery Road, Odessa, FL 33556**

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Do not write in this space

Date Application Received \_\_\_\_\_

First Reading of Application \_\_\_\_\_

Code of Ethics Signed \_\_\_\_\_

Date published/notice to STCTB Members \_\_\_\_\_

Sponsorship Form Signed \_\_\_\_\_

Check and/or PayPal to Treasurer \_\_\_\_\_

Acknowledgement Sent to Member \_\_\_\_\_

STCTBmembershipapplication.Jan.2020