



**SAMOYED CLUB OF AUSTIN, INC.**  
Austin, TX Established 1982

**Membership Application**

Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hobbies: \_\_\_\_\_

I/We are interested in:

- |   |                 |                                   |
|---|-----------------|-----------------------------------|
| <input type="checkbox"/> Breeding       | How long? _____ | Number of litters per year: _____ |
| <input type="checkbox"/> Conformation   | How long? _____ | Number of shows per year: _____   |
| Number of championships finished: _____ |                 |                                   |
| <input type="checkbox"/> Obedience      | How long? _____ | Titles: _____                     |
| <input type="checkbox"/> Agility        | How long? _____ | Titles: _____                     |

Are you in good standing with the American Kennel Club? \_\_\_\_\_

Other organizations that I/we are a member:

	<u>Club</u>	<u>Position Held</u>	<u>Length of Membership</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Did you leave each of these clubs in good standing? \_\_\_\_\_

Do you have time to take an active part in the club's activities? \_\_\_\_\_

What committees or positions would interest you? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> President                     | <input type="checkbox"/> Education        |
| <input type="checkbox"/> Vice-President                | <input type="checkbox"/> Newsletter       |
| <input type="checkbox"/> Secretary                     | <input type="checkbox"/> Fundraising      |
| <input type="checkbox"/> Treasurer                     | <input type="checkbox"/> Hospitality      |
| <input type="checkbox"/> Specialty Show Committee      | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Club Liaison to National Club |   |

Why do you wish to join the Samoyed Club of Austin, Inc.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific interests:

- |                                       |                                    |  |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Conformation | <input type="checkbox"/> Therapy   | <input type="checkbox"/> Working Samoyed |
| <input type="checkbox"/> Obedience    | <input type="checkbox"/> Rescue    | <input type="checkbox"/> Grooming        |
| <input type="checkbox"/> Agility      | <input type="checkbox"/> Fostering |  |
| <input type="checkbox"/> Other: _____ |                                    |  |

This application for membership must be signed by two Samoyed Club of Austin, Inc. members who know the applicant and are themselves in good standing with the club.

Sponsor signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Sponsor signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Dues: The fee of fifteen dollars (\$15.00) for family membership or ten dollars (\$10.00) for individual or newsletter-only membership shall accompany this application. This fee will be returned if the application is not approved.

Type of membership:       Family                       Individual                       Newsletter-only

I/We hereby apply for membership in the Samoyed Club of Austin, Inc. and agree to abide by the club's Constitution, By-Laws and Code of Ethics as well as those of the Samoyed Club of America, Inc. and the American Kennel Club, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:  
Samoyed Club of Austin, Inc.  
158 Synergy Drive, Unit E  
Bastrop, TX 78602  
Email: [scaustin@hotmail.com](mailto:scaustin@hotmail.com)