



TRINITY VALLEY CAIRN TERRIER CLUB APPLICATION FOR MEMBERSHIP

Name: _____ Kennel Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Occupation: _____

Name and address of employer: _____

Number of years involved with Cairn Terriers and/or with purebreds: _____

Are you an exhibitor: _____ Are you a breeder: _____

How many litters have you produced in the last five years: _____

List dogs owned, sex and where acquired (attach additional sheets if necessary):

Name of Dog/Bitch	Sex	Breeder

Write a brief biography of your involvement with Cairn Terriers (attach additional sheets if necessary):

Areas of Interest:

Education Hospitality Fund Raising Show Committee Rescue Performance Events

Other _____

Type of Membership desired:

Regular \$20.00 Household \$20 Associate \$10 Junior \$10

I acknowledge that I have received a copy of the Trinity Valley Cairn Terrier Club's Code of Ethics and Constitution and Bylaws and will abide by them as well as the Rules of the American Kennel Club.

Signature Date

Signature of Sponsor Date Signature of Sponsor Date

Submit the following to the TVCTC Secretary: application, check for first year's dues and letters from both sponsors.

Date application received: _____

Date of first reading: _____

Date of second reading: _____

Date of vote by membership: _____

Membership: Accepted Rejected