

CAIRN TERRIER CLUB OF NORTHERN CALIFORNIA

APPLICATION FOR MEMBERSHIP

Name _____ Address _____

(City) _____ (State) _____ (Zip) _____ (Phone) _____ (E-Mail) _____

Occupation (Optional) _____

Do you own Cairn Terriers? _____ How many? _____

Please check one or more primary interests:

Breeder _____ Conformation _____ Pet Owner _____ Obedience _____ Rescue _____

Titles of Obedience Degrees held by dogs you own _____

Kennel Name (if any) _____

Have you ever held membership or are you now a member of any other dog club? _____

If yes, name of club and offices held _____

If accepted, I/We agree to abide by the Constitution and By-Laws of the Cairn Terrier Club of Northern California and the rules of the American Kennel Club. (If couple, both parties must sign).

Signature _____ Date _____

Signature _____ Date _____

Sponsor _____ Sponsor _____

(DO NOT WRITE BELOW THIS LINE)

New Member fees are \$20 per year for a single membership, \$30 per year for a family and \$5 per year for a junior membership. Please make checks payable to C.T.C.N.C. Applicant/s must submit a completely filled out application and payment of dues for the current year to be considered for election to membership. Please mail completed application, including signature of your sponsors, and your check to the C.T.C.N.C., c/o Corresponding Secretary. (Pat White, 4083 Plateau Circle ., Cameron Park CA 95682)

Regular Dues: Single Membership: 4/1- 9/30 **\$30** 10/1- 3/31 **\$15**

Family: 4/1- 9/30 **\$60** 10/1- 3/31 **\$30**

Date Received _____ Date Presented _____ Date Approved _____

Date Constitution, etc, mailed _____

March 2018