**CAIRN TERRIER CLUB OF NORTHERN CALIFORNIA**

APPLICATION FOR MEMBERSHIP

Name(s) _____/_____

Address_____

Cell Phone(s)_____/_____
Please indicate member's name for each phone number

E-Mail Address_____

E-Mail Address_____
Please indicate member's name for each E-Mail address

Check if you own Cairn Terriers? ☐ How many? _____

Please check one or more primary interests:

Cairn Breeder ☐ Conformation ☐ Pet Owner ☐ Performance ☐ Rescue ☐

Obedience Titles earned by dogs you own: _____

Conformation Titles earned by dogs you own: _____

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

If yes, name of club and any position(s) 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. (All parties must sign).

Signature/Date _____ Signature/Date _____

Sponsor Signature_____Sponsor Signature_____

***Annual Member Dues:*** **$30 per year for a single membership, $60 per year for a family membership which includes two adults and children under the age of 18.**
**Please make checks payable to C.T.C.N.C. Applicant(s) must submit a completed membership application and payment of dues for the current year to be considered for membership. Please mail completed application, including signature of your sponsors, and your check to:**
**C.T.C.N.C., c/o Corresponding Secretary, Linda Heiner, 1598 Sweet Juliet Lane, Lincoln, CA 95648**

***THANK YOU!***

PLEASE DO NOT WRITE BELOW THIS LINE

Date Received _____ Date Presented_____ Date Approved _____
Date Constitution, Bylaws and any other club information Emailed_____
Revised June 24, 2026