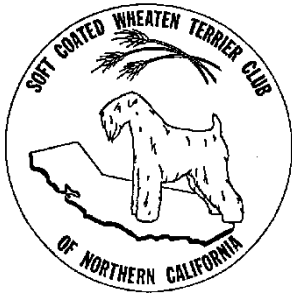


Date Received:	_____
Date Published:	_____
Date of Vote:	_____
<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected



# Soft Coated Wheaten Terrier Club Of Northern California

## **Membership Application**

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Name	Occupation
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Name 2 (if joint)	Occupation
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Address
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Phone	Email
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Why do you want to become a member?

Are you a member of any other dog clubs? If so, please list them.

Do you, or have you ever shown your Wheaten(s) in conformation, obedience or other AKC performance events? List shows in which you have exhibited/participated in the past year.

List Soft Coated Wheaten Terriers currently owned, including names and AKC registration numbers.

List dogs brought to title by AKC registered name and title earned.

List AKC litter number(s) and date(s) whelped for litters you have bred or co-bred.

## SPONSORS

We have known the applicant(s) for at least 6 months, are Soft Coated Wheaten Terrier Club of Northern California members in good standing, and are not from the same household.

\_\_\_\_\_  
Signature #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature #2

\_\_\_\_\_  
Date

## APPLICANTS

I/We have read and agree to abide by the Constitution and By-Laws, Code of Ethics and Club Policies of the Soft Coated Wheaten Terrier Club of Northern California, and the Rules of the American Kennel Club.

\_\_\_\_\_  
Signature #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature #2

\_\_\_\_\_  
Date

Please submit the completed application to the SCWTCNC Membership Chair at the address below.

Marcia Weisman  
**SCWTCNC Membership**  
4323 Gregory Street  
Oakland, CA 94619  
Phone: (510) 333-3891  
Email: [scwt4@comcast.net](mailto:scwt4@comcast.net)

### NOTES

1. Attach additional pages, if needed, for your answers.
2. Annual dues are \$25 for an individual or \$35 for two people sharing the same household.
3. Check payable to SCWTCNC for the first year's dues must accompany this form.