CAIRN TERRIER CLUB OF DENVER

Application for Membership

TYPE: Individual $20 Family \_ $30 Associate $15 Junior $3.00 NAME(s): ADDRESS:

City State ZIPCODE

**Phone (H)**  **Cell**  **FAX**  **\_ email:** **OCCUPATION(s)**  **Phone (W)**

COMPANY(ies) (1) (2) ADDRESS(es) (1) (2)

City State \_ ZIPCODE YEAR FIRST CAIRN ACQUIRED No. of CAIRNS NOW OWNED

Do you EXHIBIT? yes \_ no No. of CAIRNS FINISHED Do you BREED? yes no DO YOU HAVE A STUD DOG? yes no

If Yes, NAME

JUNIOR MEMBERS’ NAMES AND BIRTH DATES:

OTHER DOG RELATED ORGANIZATIONS YOU ARE A MEMBER OF \_

WRITE A BRIEF BIOGRAPHY OF YOUR INVOLVEMENT WITH CAIRN TERRIERS

AREA(S) OF INTEREST

TALENTS YOU POSSESS THAT WOULD BE USEFUL TO THE CAIRN TERRIER CLUB (i.e. computer

skills, etc.)

***I (we) PROMISE TO ABIDE BY THIS CLUB’s CONSTITUTION, BYLAWS, STANDING RULES, CODE OF ETHICS AND THE RULES OF THE AMERICAN KENNEL CLUB.***

SIGNATURE(s) \_ ENDORSER ENDORSER

DATE RECEIVED \_ FIRST READING SECOND READING\_ DATE MEMBERSHIP ACCEPTED NOTICE SENT \_

***APPLICATION FOR MEMBERSHIP MAY BE SUBMITTED TO: PATTI MCCULLY, 8805 W. 63RD AVE, ARVADA, CO 80004 OR VIA EMAIL TO*** ***PATTIMCCULLY@GMAIL.COM*** ***ONLY AFTER THE APPLICANT HAS DONE THE FOLLOWING:***

\*\*ATTENDED EITHER 2 CLUB MEETINGS *OR* 1 CLUB MEETING AND 1 CLUB FUNCTION.

\*\*ATTACHED AND SIGNED THE CLUB’s CODE OF ETHICS AND BY-LAWS.

\*\*OBTAINED SIGNATURES FROM 2 CLUB MEMBERS (ENDORSERS) ON THIS FORM.

**(rev Jan. 2, 1991) (Rev Jan. 4, 1992) (rev Mar. 4, 1992) (rev May 8, 2006) (rev Jan. 11, 2010) (rev Feb 9, 2020)**