



<b>CLUB USE ONLY</b>	
Date applied:	_____
First Reading:	_____
Date of vote:	_____

**ALL TERRIER CLUB of WESTERN WASHINGTON**  
Application For Membership

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Regular Membership (age 18 & older) .....\$15 annually
- Family Membership (those living in the same household) .....\$20 annually
- Associate Membership (shall have **no** voting privileges) .....\$15 annually
- Associate Family Membership (shall have **no** voting privileges) ...\$20 annually

List breed(s) you currently own	How many?
_____	_____
_____	_____
_____	_____
_____	_____

Please select your current involvement(s) with dogs:

- Owner     Fancier     Exhibitor     Breeder     Rescue

Please select your interest(s)

- Conformation     Performance     Breeder     Rescue  
 Other (Explain) \_\_\_\_\_

List other club affiliations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why do you want to become a member of the ATCWW?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What club activities would you be interested in learning about and/or assisting with? Each of us needs to be willing to be involved in activities to maintain a successful club.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Dog Show Organization | <input type="checkbox"/> Fund Raising          | <input type="checkbox"/> Public Education |
| <input type="checkbox"/> Hospitality           | <input type="checkbox"/> Club Member Education | <input type="checkbox"/> Clerical         |
| <input type="checkbox"/> Canine Legislation    | <input type="checkbox"/> Newsletter            | <input type="checkbox"/> Club History     |
| <input type="checkbox"/> Program Activities    | <input type="checkbox"/> Exhibitions           | <input type="checkbox"/> Club Equipment   |
| <input type="checkbox"/> Other (explain) _____ |  |   |

Do you have any particular talents you wish to offer the club?

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Any comments?

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SPONSORS:

1. \_\_\_\_\_...2. \_\_\_\_\_

I (we) have read and understand the Code of Ethics for the All Terrier Club of Western Washington, and agree to abide by these Codes, and the Club Constitution and Bylaws. (The Code of Ethics and Bylaws are available on our website: <https://atcww.club/about-us/>.)

Check if you agree to receive electronic communications from the club.

Signature of Applicants(s): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Please find enclosed \$\_\_\_\_\_ for membership dues for the year \_\_\_\_\_

Payment was sent via PayPal to **ATCWW2020@gmail.com** for the year \_\_\_\_\_

When paying via PayPal

- ✓ Include your name(s) and membership type in the notes field.
- ✓ Please use the *Pay friends and family* option, if possible, to help us save on PayPal fees.

Mail application to: ATCWW Membership Chairperson

Jeff Dairiki  
1884 NE 170<sup>th</sup> St  
Shoreline, WA 98155-6021  
(206) 528-5794  
<[dairiki@dairiki.org](mailto:dairiki@dairiki.org)>