



CLUB USE ONLY	
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 circle your current involvement(s) with dogs:

Owner Fancier Exhibitor Breeder Rescue

Please circle 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?

Any comments?

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 By-Laws. (The Code of Ethics and By-Laws are available on our website: <https://atcww.club/about-us/>.)

**Check here if you agree to receive electronic newsletter or other club information

Signature of Applicants(s): _____

Date: _____

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

Mail application to: Membership Chairperson
Barbara Decker
P.O.Box 1660
Orting, Wa 983600-1660
(253) 677-7677
email: snowtaire@msn.com