



Soft Coated Wheaten Terrier Club of Greater Tampa Bay Membership Application

Date: _____

Name(s): _____

Street Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____

Email: _____ Occupation: _____

Other Club Affiliations: _____

Have you ever been suspended by the AKC? _____ If so, when? _____

Reason: _____

Are you a breeder? _____ If so, how many litters do you produce annually? _____

How do you sell your puppies? _____

Please tell us the reason(s) you would like to become a member: _____

I agree to comply with the Bylaws of the Soft Coated Wheaten Terrier Club of Greater Tampa Bay and the Rules of the AKC. I (We) have read and will abide by the Code of Ethics (on SCWTCGTB website, www.flwheatenclub.org). I (We) understand that our application for membership will be reviewed by the Board and published on the website as part of the approval process.

Signature of Applicant

Signature of Co-Applicant

Signature of Sponsor (for Individual and Joint voting memberships only)

Date

Membership Category Applied for, indicate one category:

Individual _____ Joint _____ (2 persons residing at the same address). Full voting memberships reserved for individuals planning to attend most meetings of the club and be counted for quorum. Board members, rescue co-chairs, and people listed as a breeder on the Breeder's List on our website or in any of our club publications must be voting members.

Associate _____ 1 person, or 2 residing at the same address, holds all the privileges of full membership except these are non-voting memberships. Associate members are not counted for quorum at meetings. If you rescue a Wheaten from our Rescue Program, the remainder of the current year is free for new Associate members.

Junior _____ Non-voting, non- dues paying membership, open to individuals under 18 years of age.

Honorary _____ Non-voting, non-dues paying membership, bestowed on select individuals with long standing service to the club.

Dues: \$25 one person / \$35 two persons residing at the same address. Applies to Individual, Joint, and Associate memberships.

DO NOT send dues with this application. Dues will be payable upon notice that membership has been accepted.

Return form to: Toni Hudson, Membership, 8103 Little Tee Lane, Brooksville, FL 34613 or email to: mymollypitcherwheatie@gmail.com