



Soft Coated Wheaten Terrier Club of Greater Tampa Bay
Membership Application

DATE: _____

Name: _____

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 Constitution and By-Laws 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 as read on our website (flwheatenclub.org). I (we) understand that our application for membership will be reviewed by the board and published on our website as part of the approval process

Signature of Applicant

Signature of Co-Applicant

Signature of Sponsor (for voting memberships)

Date

Membership Category Applied for: (indicate one category)

Individual _____ **Joint** _____ (2 persons residing at same address). Full voting membership reserved for individuals planning to attend most meetings of the club & be counted for quorum. Board members, rescue co-chairs, and people listed as a breeder on our website must be voting members)

Associate _____ 1 person, or 2 residing at the same address. Holds all the privileges of full membership except are non-voting memberships. Associate members are not counted for quorum for voting purposes. If you rescue a Wheaten from our Rescue program, the remainder of the current year is free as an Associate member.

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: Lois Hiers, Membership Chair, 15547 Martinmeadow Dr, Lithia, FL 33547 or scan and email it to her at scwtcgtbcorrespondingsec@gmail.com

Rev: 04/19