

CITY OF ANGLES SILKY TERRIER CLUB

APPLICATION FOR MEMBERSHIP

Name: _____ Name: _____

Address: _____
(please use address label)

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-mail: _____ E-mail: _____

Occupation: _____ Occupation: _____

Is there specific information the Silky Terrier Club can give you which will be helpful to you with your Silky Terrier?

I/We have read and understand the by-laws and I/We agree to abide by them.
I/We certify that I/We am/are over eighteen years of age.

Signature: _____

Signature: _____

Date: _____

Members sponsoring applicant (2 required)

Name: _____ Date: _____

Name: _____ Date: _____

ASSOCIATED MEMBERSHIP

All club right for awards, attendance But no
Voting rights or office holding.

Single Membership: \$17.00

Household Membership: \$22.00

PARTICIPATING MEMBERSHIP

All club rights for office holding, voting awards
And attendance.

Single Membership: \$20.00

Household Membership: \$25.00

Make checks payable to: COAST

An eligibility requirement for prospective regular member shall be to attend two (2) successive meetings before their membership application can be voted on. Associated members need not be present to be voted on.

Read First Name: _____

Read Second Name: _____