



TWIN CITIES AIREDALE TERRIER CLUB INC.

Application for Membership

(Please complete both sides.)

The Twin Cities Airedale Terrier Club was formed in 1975 by a group of fanciers to help promote the best interests of the breed in this area. Our members come from all sorts of interests such as conformation, obedience, agility, tracking and hunting and field. The club relies on the participation of it's Full and Associate members to set a direction for the club and support the selected events. Typical events our members are involved in include the annual specialty, sweepstakes, obedience & rally show, educational seminars, grooming and handling days and various social activities. As we continue our commitment to the Airedale Terrier, we look forward to having you join and participate in TCATC.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Membership Type Desired (Please read descriptions below and check one)

Full Membership (\$14/year) – Access to all rights and privileges of membership. Full membership comes with the expectation of some involvement in club activities.

Associate (\$9/year) – Access to all rights and privileges of membership except the right to vote at meetings, hold office, or be listed on the Breeders' Referral List (Associate members do not count in the number of members that must be present for a quorum to conduct business at meeting.) Associate members are encouraged to be involved in club activities as time and distance permits.

Are you at least 18 years old? Yes No

Are you an Airedale owner now? Yes No If so, for how long? _____

If not, have you ever owned an Airedale? Yes No

What are your reasons for becoming a TCATC member? _____

Are you a member of the Airedale Terrier Club of America (ATCA)? Yes No

Do you own an Airedale Bitch? Yes No If so, has she ever had a litter? Yes No

Do you own an Airedale Male? Yes No If so, has he been used at stud? Yes No

If you are an Airedale owner, who is (are) the breeder(s) of the dog(s) you own now?

Do your dogs receive regular veterinary care including vaccinations? Yes No

Do you belong to any other dog organizations? Yes No If so, please specify below.

Have your dogs been X-rayed for Canine Hip Dysplasia? Yes No

If you are interested in breeding, outline the goals and priorities of your breeding program:

Please identify a TCATC sponsored event or activity you have participated in or attended in the past year:_____

As a member, which of the following activities would you be interested in?

- | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="radio"/> Hospitality | <input type="radio"/> Fund Raising | <input type="radio"/> Tracking |
| <input type="radio"/> Legislative | <input type="radio"/> Conformation | <input type="radio"/> Agility/Rally |
| <input type="radio"/> Publicity | <input type="radio"/> Obedience | <input type="radio"/> Therapy Dogs |
| <input type="radio"/> Show Committee | <input type="radio"/> Hunting/Field | <input type="radio"/> Programs |

Membership Agreement: As a member of the Twin Cities Airedale Terrier Club, I agree to abide by the by-laws of the American Kennel Club (AKC) and of the Twin Cities Airedale Terrier Club (TCATC). As a breeder and/or an exhibitor I will protect and preserve the integrity of the Airedale Terrier as a breed and I agree not to engage in litter lot sales and/or puppy sales to pet shops or individuals for the purpose of resale. I agree further, not to be involved in any form of dog fighting or the promotion of vicious dog behavior of any kind.

Signed:_____ Date:_____

A requirement for membership is to have two current TCATC members who know you sponsor your membership. Please enter their names below and have them sign to the right:

Sponsor:_____ Signed:_____

Sponsor:_____ Signed:_____

Make your check payable to Twin Cities Airedale Terrier Club. Send completed application with payment to:

*Twin Cities Airedale Terrier Club
Les Lueck, Corresponding Secretary
13490 Lynch Rd., Hugo, MN 55038*

For Club use only:

Date of first reading:_____

Date of second reading:_____

Approved: Yes No Date:_____