



STCA HEALTH TRUST FUND *Trustee Agreement*

Name: _____ Address: _____

Home Phone: _____ Occupation: _____

E-mail: _____ Fax Number: _____

I would like to be considered for a Trustee position on the Health Trust Fund of the Scottish Terrier Club of America (STCA HTF). *(In the space below, please provide background information about yourself and why you wish to serve as a Trustee. If you require more space, please use the reverse side or a separate sheet of paper).*

I am an active member in the following club(s): _____

I fully understand that if I am appointed to this position, I will be expected to serve a three year term and attend three meetings annually at my own expense.

During my term I agree to accept HTF assignments, which may include chairing and/or participating in committees as directed by the HTF chairperson, and agreed upon by my fellow trustees.

If at any time during my term as an HTF Trustee I find that I am unable to abide by this agreement, I will relinquish my trustee position with a formal letter of resignation to the HTF Chairperson and the STCA Board.

Respectfully submitted,

(Signature)

(date)

Mail a completed form, separately, to the STCA Corresponding Secretary and a one to the HTF Chairperson:

DO NOT RETURN THIS FORM WITH YOUR DUES PAYMENT

Corresponding Secretary

Dr. Marcia Dawson
3220 N. County Rd 575E
Danville, IN 46122-8689

HTF Chairperson

Louis A. Mitchell, M.D.
3434 Wild Buck Lane
Temple, TX 76502

All application on hand will expire every year upon the conclusion of the October STCA Board meeting. Only applications received by the 15th of September may be considered for appointment at the October MCKC Board meeting. Your application for the following year, after the MCKC Board meeting has been concluded, may be submitted at any time as long as it is received by the 15th of September before the next MCKC Board meeting.