



**STCA MEMBERSHIP REAPPLICATION**

THE STCA WELCOMES YOUR INTEREST IN RETURNING AS A MEMBER(S). If your membership lapsed at the last membership dues cycle (dues payable each year by January 1<sup>st</sup>), please execute this form. If your membership lapse exceeds two or more dues cycles, please use a New Member Application. For further details, please see STCA Website.

**STCA MEMBERSHIP REAPPLICATION**

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

YEAR OF LAST DUES PAYMENT: \_\_\_\_\_

YOUR INVOLVEMENT IN SCOTTISH TERRIERS: \_\_\_\_\_

SPONSORS: It is necessary to have two (2) Sponsors

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please initial the following two statements:

\_\_\_\_\_ I/We are enclosing a signed STCA Code of Ethics.

\_\_\_\_\_ I/We are enclosing payment of dues for this year.

\_\_\_\_\_  
Signature Date Signature Date

\*\*\*\*\* Below is for office use only \*\*\*\*\*

Date Application Received: \_\_\_/\_\_\_/\_\_\_ Amount of check \$ \_\_\_\_\_ Sponsors Approved: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Code of Ethics Initialed: \_\_\_\_\_ Date of Acknowledgment: \_\_\_/\_\_\_/\_\_\_ Board Action: \_\_\_\_\_

Membership Date: \_\_\_/\_\_\_/\_\_\_.