

Junior Membership Application for the STCA

Junior Members, 10 to 17 years of age



NAME: _____

ADDRESS: _____

Telephone: _____ E-MAIL: _____

BIRTH DATE: _____ A Junior Member will be eligible to convert his/her membership to full membership at the dues cycle following the 18th birthday.

PARENT /GUARDIAN NAME _____

PARENT / GUARDIAN ADDRESS _____

JUNIOR APPLICANT'S INVOLVEMENT WITH SCOTTISH TERRIERS:

JUNIOR APPLICANT'S INVOLVEMENT IN SCHOOL AND COMMUNITY ACTIVITIES:

SPONSOR #1 _____

Address _____

SPONSOR #2 _____

Address _____

Please Initial the following:

____ I have read, signed and sent a copy of the STCA Code of Ethics with this application

____ I have included the application fee and first year's dues fee of \$45.00 with this application.

____ I have notified my sponsors requesting the sponsor's form be sent to the Membership Chairperson.

Signature of applicant

Date

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

Date Application Received ____/____/____ Amount of check \$ _____ Sponsors Approved (1) ____ (2) ____

Code of Ethics _____ Date of Acknowledgment ____/____/____ Board Action _____

Membership Date: ____/____/____