

AIREDALE TERRIER CLUB OF METROPOLITAN WASHINGTON DC MEMBERSHIP APPLICATION

Member 1 _____	Email Address _____
Member 2 _____	Email Address _____
Member (s) _____	Phone _____
Mailing Address _____	Numbers _____

APPLICANT READ AND SIGN:

I am interested in the Airedale Terrier and I subscribe to the Club's objectives below:

- To urge those who breed Airedale Terriers to do so responsibly, with the welfare and improvement of the breed having the highest priority.
- To urge members and breeders to accept the standard of the breed as approved by the AKC as the only standard of perfection by which Airedale Terriers shall be judged.
- To do all in its power to protect and advance the interests of the breed by encouraging sportsmanlike competition at dog shows and obedience trials.
- To conduct sanctioned and licensed specialty shows under the rules of the AKC.
- To institute and maintain programs which promote the welfare of individual Airedale Terriers through rescue and education, and through any other means that the Club considers helpful.

I agree to abide by the constitution and by-laws of the Club and of the American Kennel Club. (For copies: <http://www.airedales-dc.org/constitution-by-laws>)

I am over eighteen years of age and in good standing with the AKC.
As an applicant, I will attend two Club functions to learn more about the ATCMW and to meet its members before becoming eligible for membership.*
*A function includes all activities and meetings run by the ATCMW. Ask your sponsors for information about upcoming Club functions.

Member 1 _____ Signature	Member 2 _____ Signature
Date of Application _____	Events attended _____

Do you own an AKC registered Airedale(s)? If yes, how many? Do you breed or plan to breed your Airedale?

Do you own an unregistered or rescued Airedale(s)? If yes, how many?

Check all activities that interest you:

- | | | |
|---|--|---|
| <input type="checkbox"/> Pet Training | <input type="checkbox"/> Obedience Competition | <input type="checkbox"/> Pet Grooming |
| <input type="checkbox"/> Airedale Rescue | <input type="checkbox"/> Scottish Christmas Parade | <input type="checkbox"/> Show Grooming |
| <input type="checkbox"/> ATCMW Newsletter | <input type="checkbox"/> Hospitality-Club Events | <input type="checkbox"/> Organize Show Trophies |
| <input type="checkbox"/> ATCMW Specialty/Puppy Sweepstakes Show | <input type="checkbox"/> Coordinate Hospitality Table for Specialty Show | <input type="checkbox"/> Plan Meeting Programs |
- Other _____

- Associate Membership(s) - An Associate status was established so a voting quorum of 20% could more easily be met. Associate Members are entitled to participate in all ATCMW functions/activities including attendance at general membership meetings except that they cannot hold elected office or vote when the Club conducts business at its general meetings. Please select Associate Membership if you do not plan on regularly attending the quarterly membership meetings. (Note: No more than 2 individuals at one address.) **Cost: \$17 for one; \$34 for two \$** _____
- Individual Membership - Individual members are included in the Club quorum requirement for general meetings, may vote at those meetings, may hold elective office and are entitled to all of the other privileges of Club membership. (Note: No more than 2 individuals at one address.) **Cost: \$20** \$ _____
- Household Membership - Individual members are included in the Club quorum requirement for general meetings, may vote at those meetings, may hold elective office and are entitled to all of the other privileges of Club membership. (Note: No more than 2 individuals at one address.) **Cost: \$30** \$ _____

Club Member Sponsors Sign: The applicant(s) are known to me, have attended two ATCMW functions, and to the best of my knowledge understand the Club's objectives.

First Sponsor Signature _____ Second Sponsor Signature _____

Make check payable to ATCMW and send application to Jeanne Esmond, 647 Spring St., Herndon, VA 20170