



CITY OF ANGELS SILKY TERRIER CLUB

APPLICATION FOR MEMBERSHIP

NAME _____ NAME of SPOUSE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____



OCCUPATION _____ SPOUSE OCCUPATION _____

Is there specific information the Silky Terrier Club can give you which will be helpful to you with your Silky Terrier? _____

_____ I/We have read and understand the By-Laws, Code of Ethics and Code of Conduct and I/We agree to abide by them.

_____ I/We certify that I/We am/are over eighteen years of age

Applicant Signature _____ Date _____

Spouse Signature _____ Date _____



CURRENT MEMBERS SPONSORING APPLICANTS (two required)

Name _____ Date _____

Name _____ Date _____

Please check which type of membership you desire...

Associated Membership

All club rights for awards and attendance
but no voting rights or office holding



Participating Membership

All club rights for office holding, voting, awards and attendance

_____ Single Associated Membership \$17.00

_____ Single Participating Membership \$20.00

_____ Household Assoc. Membership \$22.00

_____ Household Partic. Membership \$25.00

Make checks payable to COAST

An eligibility requirement for prospective Participating Membership shall be to attend two (2) successive meetings before their membership application can be voted on. Associate Member applicants need not be present to be voted on.

First Reading _____



Second Reading _____

