

Samoyed Club of Central Arizona

Membership Application 2021-2022

Club membership is by invitation and requires the sponsorship of two current members in good standing. Once application is received information will be verified, forwarded to the full club membership for election of an invitation to join club. Results of the election will be made to applicant immediately after voting. Payment of current year's dues must accompany any accepted invitation to membership before full activate participation membership is finalized.

Date: _____

This application for a:

- Individual membership** (Standard voting membership)
- Household membership** (2 voting Adults residing in same household, cannot be a Junior)
- Associate non-voting membership** (Supporting or those outside club's AKC designated area)
- Junior non-voting membership** (children under 18 with written parent or guardian consent).

Individual Applicant Name: _____

2nd Applicant Name: (For Household Membership) _____

Residence Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell: _____

E-mail address: _____ Employer: _____

<input type="checkbox"/> Conformation	<input type="checkbox"/> Obedience	<input type="checkbox"/> Agility	<input type="checkbox"/> Herding	<input type="checkbox"/> Rescue (please list how)
<input type="checkbox"/> Breeding (if yes)	Kennel Name:			
<input type="checkbox"/> Other (list)				

Please indicate which Samoyed activities (if any) you currently participate in:

Are you a member of the Samoyed Club of America? _____ If member of SCA, are you in good standing? _____

List any other breed clubs you belong to: _____

Please list exhibiting or other activities (if any), done over the past two years on the back of this application.

Please Complete the following information for each Samoyed (if any) you own:

Call Name	Registered AKC Name	AKC # (if registered)	Age	Sex

If others please list of back of form.

I certify the information contained in this application is true and accurate and agree to abide by the Rules, Constitution and By-laws of the Samoyed Club of Central Arizona, and of the American Kennel Club.

Individual Applicant signature: _____ Date _____

Household Applicant #2: _____ Date _____

SPONSORING MEMBERS:

SCCA Member Sponsor #1: _____

SCCA Member Sponsor #2: _____

Please return this application to SCCA Secretary. Any previous versions of this application are now longer valid and cannot be used. All applications must go to Secretary for processing. You will be notified at the address above when it is received and processing begins. Thank you for your interest in the Samoyed Club of Central Arizona.