DELAWARE VALLEY SOFT COATED WHEATEN TERRIER CLUB MEMBERSHIP APPLICATION

Applicant Name(s):		
Address:		
Telephone No.:		
E-Mail Address:		
Breed(s) Owned:		
Name Primary Sponsor:		
Name Secondary Sponsor:		
		t and past club names and your ities, etc.):
		nterest in joining DVSCWTC; how nd what you expect from the club):
Special Interests: (Please ch	neck all that apply)	
Conformation	Breeding	Agility
Obedience	Pet Owner	Other (specify)

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Club Committees: (Please choose a committee you would like to serve on.)

Membership Legislation Trophies & Supported Entries

Sunshine

_____ Education _____ Bucks

I/we understand that I/we must attend two (2) of the next four (4) consecutive club meetings for my/our application to be considered for membership. I/we agree, if accepted into membership, to abide by the Constitution, By-Laws and Code of Ethics of the Delaware Valley Soft Coated Wheaten Terrier Club.

	Signature o	Signature of Applicant Signature of Applicant, if needed	
	Signature of		
Signatures of Sponsors:			
Primary Sponsor	Date	_	
Secondary Sponsor	Date	_	
For Club Use Only: Date of applicant's first meeting, sp Date of applicant's second meeting Date of membership vote (next meeting	& reading of application:		
Four consecutive meeting dates:	1 st meeting: 3 rd meeting:	2 nd meeting: 4 th meeting:	
Approved Disapproved	Abstained		
Notification to applicant:	er sent	_	