

The Atlanta Terrier Club, Inc.
Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County in GA: _____

Phone: _____ Cell: _____

E-Mail: _____

Occupation: _____

Breeds: _____

Owner: _____

Breeder: _____

Exhibitor: _____

Membership Type/Fee (circle one)

Regular (voting):	Single (\$20)	Household (\$35)	Junior (non-voting): FREE
Associate (non-voting):	Single (\$20)	Household (\$35)	

Circle areas of interest

Conformation Barn Hunt
Obedience Mentoring
Agility Coursing Ability
Earthdog

Circle areas for which you would be willing to volunteer

Fun Day/Picnics Membership Committee
Seminars Publicity/Photography
Newsletter Hospitality
Programs Other _____

List Breed or Kennel Clubs in which you are a member and/or have held an office (use back if needed):

Name of Club Office Date

Sponsor's Signature Print Name Date

1) _____

2) _____

A member will be refused or suspended if not in good standing with the American Kennel Club or if found to have acted contrary to the best interests of dogs. **Applicant's Signature and date:**

_____ **Date:** _____

Reading (date): _____ **Date Approved:** _____

Check #/ Date: _____ **Mbrshp Type:** _____

Please make checks out to the ***Atlanta Terrier Club, Inc.*** (Note: Membership fee paid after December 1st will be applied towards the next year's dues.)

Mail application to:

Carolyn Wolters 2002 Riverview Dr Marietta GA 30067

Email: carolynwolters@live.com