

American Teddy Roosevelt Terrier Club

"ATRTC"

Membership Application

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| Full Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone #: | Email: | |
| For Family Membership: Spouse's Name | | |
| Spouses Phone #: | Spouses Email: | |
| Kennel name: | Do you breed? | Plan on breeding? |
| Do you have children? Yes or No Are they involved in the care or exhibiting of your TRTs? Yes or No | | |
| Would you be interested in learning more about Junior membership and activities? Yes or No | | |
| Do you have any dog show or event experience? Yes or No What Event(s)? | | |
| If you have AKC Show/Event experience, what level? | | |
| Do you own one or more AKC/UKC TRT's? Yes or No | How many? | |
| Do you own any Type B Rat Terriers from any registry? Yes or No | | |
| How many?_____ What Registry?_____ Registration service is available, see website | | |
| Who did you purchase your TRT's from? | | |
| Do you own any other breeds? Yes or No Please List: | | |
| Do you have AKC experience? Yes or No Area(s); | | |
| Do you own any titled TRTs? Yes or No; If yes, what registry(s) and what event(s)? | | |
| Areas of Interest: (Circle all that apply) Conformation; Agility; Obedience; Rally/Obedience; Tracking; Earth Dog; Scentwork; Breeding; Other_____ | | |
| Who is your ATRTC Member Sponsor? | | |

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| Would you be willing to serve the club? Yes or No (Circle all that apply) Board/Officer; Committee; Show Events; Regional Director; Other:_____ | |
| What skills or assistance do you or your spouse bring to the club? Please be specific. | |
| Why do you want to be a member of ATRTC? | |
| Membership Fees, Jan 1 to Dec 31st (Circle one) Individual \$15 Family \$25 Juniors \$0 | |
| Yearly dues must accompany application for membership, check made payable to ATRTC (see below for address) or Scan and email application to americantrtclub@gmail.com and Paypal dues, adding \$1.00, to the same email address | |
| I have read, understand and agree to abide by the ATRTC Breeder Code of Ethics and the AKC Code of Sportsmanship; Your Signature:_____ Spouse's:_____ | |
| I have downloaded or have been provided a copy of the ATRTC Bylaws, please initial. _____ | |
| Signature: _____ | Date: _____ |
| If applying for Family Membership, Spouses Signature: _____ | |
| If this is a Junior application, Junior's Signature: _____ | Date: _____ |
| Junior parent or guardian Signature: _____ | Date: _____ |

Please mail your completed application and check

Payable to the ATRTC:

ATRTC

c/o Jenifer Robertson

19180 S. Coyote Dr.

Claremore, OK 74019

Thank you for your interest in making a brighter

future for our amazing breed!