

SAN FRANCISCO BAY SCOTTISH TERRIER CLUB

APPLICATION GUIDELINES

Return completed application to:
SFBSTC SECRETARY
Linda Bartolotta
1924 15th Ave.
San Francisco, CA 94116
(415) 564-5225

We are pleased to have your name as a sincere and dedicated fancier of the breed, interested in membership in the SAN FRANCISCO BAY SCOTTISH TERRIER CLUB (SFBSTC). The following requirements must be fulfilled in order for your application to be considered by the membership for approval.

1. APPLICATION FOR MEMBERSHIP: The enclosed application must be completed and signed.
2. CODE OF ETHICS Please read carefully. It is to be signed and returned with the application. Your signature indicates you understand and will abide by the Code of Ethics. Please keep a copy for your records.
3. SPONSORSHIP: Two (2) letters of recommendation, signed by two (2) members of the San Francisco Bay Scottish Terrier Club who are not living in the same household, and who are not related to you, stating: How long they have known you, and that you will be an asset to the San Francisco Bay Scottish Terrier Club. (Return both sponsor letters with the application.)
4. DUES: Membership dues are:
 - Individual \$25.00
 - Household \$35.00
 - Associate:
 - Individual \$20.00
 - Household \$30.00
 - Junior (10-17 Years) \$11.00

The SFBSTC calendar year is January 1 to December 31. New members voted into membership during the last quarter will not be billed for the following year. Associate/Junior members may serve as committee members, but shall not vote, shall not serve as an elected officer, and shall not be eligible to serve on the nominating committee. Associate/Junior members shall not be counted in determining a quorum and shall not have petition rights, but shall be eligible for annual trophies and awards offered by or through the club.

5. INITIATION FEE: A one-time-only fee of \$15.00 per membership, individual or household, is payable with the application and dues. The completed and signed application form, the signed Code of Ethics form, the (2) sponsor letters, the one-time-only \$15.00 fee, and your membership fee should be sent as a complete packet to the SFBSTC Secretary shown above. Upon receipt of the complete packet, your application will be read at our next meeting. The SFBSTC Secretary will notify you of the status of your application. Upon acceptance to the SFBSTC, you will receive the SFBSTC Constitution and bylaws, the current Roster and our newsletter, The Bay Scot Bulletin.

Visit our website at sfbstc.com

**SAN FRANCISCO BAY SCOTTISH TERRIER CLUB
APPLICATION FOR MEMBERSHIP**

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Linda Bartolotta
1924 15th Ave.
San Francisco, CA 94116
(415) 564-5225

Date: _____

I (WE) _____

(Please print your name and/or kennel prefix as you wish it to be printed in the club roster)

HEREBY MAKE APPLICATION TO BECOME A MEMBER/MEMBERS IN THE SAN FRANCISCO BAY SCOTTISH TERRIER CLUB. IF ELECTED TO MEMBERSHIP, I (WE) AGREE TO ABIDE BY THE CONSTITUTION, BY-LAWS AND CODE OF ETHICS OF SAME.

DO YOU OWN A SCOTTISH TERRIER? _____ HOW MANY? _____

ARE YOU A MEMBER OF ANY ALL-BREED KENNEL CLUB OR SPECIAL CLUB?
Yes ___ No ___

IF "YES" PLEASE LIST:

HAVE YOUR AMERICAN KENNEL CLUB PRIVILEGES BEEN SUSPENDED OR REVOKED?
Yes ___ No ___

IF "YES" PLEASE EXPLAIN ON REVERSE SIDE.

ATTENDANCE:

1. Before an application for Regular Club membership can be accepted and voted on the applicant(s) must attend two functions.
2. Associate member applicants need not attend any functions in order to join. Associates who join without the requirements of attendance still need to complete the Application for Membership, have two sponsors letters and sign the Code of Ethics.

WHAT CLUB MEETINGS OR FUNCTIONS HAVE YOU ATTENDED (if applicable)

(Functions are: Golden Gate Show, our Specialty in October, a Health seminar sponsored by our club, the B Match, a grooming seminar sponsored by our club, any seminar/program sponsored by our club)

WHY DO YOU WANT TO BECOME A MEMBER OF THE SFBSTC?

DO YOU NOW, OR HAVE YOU EVER BRED? DO YOU PLAN TO BREED SCOTTISH TERRIERS?

DO YOU BUY LITTERS FOR RESALE? Yes _____ No _____
IF "YES" PLEASE STATE REASON

APPLICANT(S) OCCUPATION(S)

APPLICANT(S) HOBBIES/AVOCATIONS

HOW DO YOU PLAN TO SUPPORT YOUR CLUB?

APPLICANT(S) SIGNATURE(S)

_____ Date _____

_____ Date _____

APPLICANT(S) ADDRESS

EMAIL ADDRESS _____

PHONE NUMBERS:

DAYTIME _____

CELL _____

NIGHTTIME _____

SPONSORS' NAMES AND ADDRESSES AND SIGNATURES (Please Print)

1. _____

SIGNATURE _____ Date _____

2. _____

SIGNATURE _____ Date _____

ENCLOSED IS A CHECK FOR: \$25.00 – INDIVIDUAL MEMBERSHIP _____
MAKE PAYABLE TO: **SFBSTC**

\$35.00 - HOUSEHOLD MEMBERSHIP _____

\$20.00 - INDIVIDUAL ASSOCIATE _____

\$30.00 - HOUSEHOLD ASSOCIATE _____

\$11.00 - JUNIOR MEMBERSHIP _____

PLUS \$15.00 INITIATION FEE +\$15.00

TOTAL \$ _____