

MEMBERSHIP APPLICATION Please read and answer all questions. Each applicant must fill out a separate application (Type or Print Clearly)

Name (or names if Household membership)

Address:								
City:	State:							
Country:	ZIP:							
Phone:	DOB (Juniors):							
E-Mail:								
Occupation:	Kennel Name:							
When publishing	the membership list, my telephone number may be included:	Yes	No					
When publishing	the membership list, my email address may be included:	Yes	No					
Are you in good	Yes	No						
Are you a first t	me applicant to the Staffordshire Bull Terrier Club of America?	Yes	No					
If NO please sta	te the reason for your membership lapse:							
Please tell us w	ny you would like to join the Staffordshire Bull Terrier Club of America							
How did you fin	d out about the Staffordshire Bull Terrier Club of America?							
Your Breede	r Stafford Owner Internet AKC Referral	Faceboo	ok					
Othe	r							
What are your a	reas of interest? Check all that apply							
Companionshi	D Breeding Conformation Obedience	Resci	ue					
	Therapy dogs, etc):							
	interests and/or skills do you have that may benefit the SBTCA							
	interests and/or skins do you have that may benefit the SBTCA							
Are you a mem	per of any other Bread Club (including Stofferde) or All Bread Club, Liet them							
Are you a memi	per of any other Breed Club (including Staffords) or All Breed Club: List them:							
Have you or any	member of your household ever been suspended, lost privileges or been							
	ne AKC, comparable foreign organizations or other dog clubs?	Yes	No					
Have you ever t	Yes	No						
Has your memb	ership ever been denied to any regional or national dog club?	Yes	No					
If yes to any of	the above questions please explain below. Attach a separate sheet if necessary.							
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#### Two SBTCA members must sponsor applicants. Please use sponsor form below.

### \*\*\* If you do not have sponsors you will be contacted by a member of the SBTCA Board\*\*\* \*\*\* Sponsors must also be in good standing for at least one year \*\*\*

I, the undersigned, apply for membership in the Staffordshire Bull Terrier Club of America, Inc. I enclose a check for \$\_\_\_\_\_

Regular Member	- Application Fee \$40: Resident of the USA, 18 years and older. 1 vote
Household Member	- Application Fee \$50: Two adult members at the same address, 18 years and older. Two votes
Foreign Member	- Application Fee \$55: Resident of any country other then the USA (non-voting member)
Junior Member	- Application Fee \$30: Resident of the USA between the ages of ten (10) and seventeen (17) years. 0 votes

I agree to abide by the Articles of Incorporation, Constitution, By-laws and Code of Ethics of the SBTCA. Additionally I agree to abide by all decisions of the Board of Directors or its agents, in disciplinary matters. I understand that the objectives of the Staffordshire Bull Terrier Club of America are: to encourage and promote type, temperament and soundness in breeding, showing, and judging the Staffordshire Bull Terrier as described in the SBTCA Official Standard; to do all in its power to protect and advance the interests of the breed; to encourage the organization of independent local Staffordshire Bull Terrier Specialty Clubs in those regions where there are a sufficient number of fanciers of the breed; to meet the requirements of The American Kennel Club; to encourage friendships and good sportsman like competition at dog shows and performance trials; to conduct sanctioned matches, specialty shows, and performance trials under the rules of The American Kennel Club; and finally to promote the excellent qualities of the Staffordshire Bull Terrier to members and general public through publications, educational seminars, websites, social media and organized events.

By my signature below, I attest that the information in this application is true and honestly provided. I understand that once approved my membership will be probationary for the first year as described in the By Laws. I acknowledge that evidence of false representation will be grounds for rejection of this application for membership.

Applicants Signature:	Applicants Signature:	
	2 <sup>nd</sup> Household Member	
Date	Date:	

If under 18, Signature of legal guardian:

Submit application, and signed sponsors' form/s, to Membership Committee Chairman. Please make your check payable to the SBTCA. (Or PayPal receipt)

Return to the SBTCA Membership Chair:
Kimberly Washington
2765 Thurman Avenue
Los Angeles, CA 90016
(213) 760-9081
membership@sbtca.com

FOR STAFFORDSHIRE BULL TERRIER CLUB OF AMERICA USE						
Date Rec'd:	Amount: \$		Check No:	PayPal I	Receipt:	
Completed App Sponsors:			Published in Staff Status:			
Membership Committee Recon	nmendation	Yes	No	Board Vote:	Yes	No
Date Accepted:						



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(2 SBTC	<b>Sponsor</b> A members in go	Form ood standing required)		
Are you a current member in good standing? First Sponsor Y		Second Sponsor	Yes	No
Name of the applicant you are sponsoring:				
How long have you known the applicant?	First Spons	or 9	Second Sponsor	
What is your relationship to the applicant?				
First Sponsor				
Second Sponsor				
What has been your primary mode of commu	unication with the	applicant?		
First Sponsor				
Second Sponsor				
Have you placed a dog with the applicant?	First Spons	or \$	Second Sponsor	
Have you visited the applicant's home?	First Spons	or \$	Second Sponsor	
Have you been involved in any dog related a	ctivities with the	applicant?		
First Sponsor Y If yes, please describe:	′es No	Second Sponsor	Yes	No
First Sponsor				
Second Sponsor				
Do you feel the applicant will be an asset to purebred dog ownership according to the SB			e a good example o	f responsible
First Sponsor Y	′es No	Second Sponsor	Yes	No
Please include a separate sheet, if necessary	, with any furthe	<sup>·</sup> information you would	like us to know.	

I, the undersigned, attest that the above statements are true based on my personal knowledge of the applicant, and I hereby endorse this individual for membership in the Staffordshire Bull Terrier Club of America, Inc. I further acknowledge that as a sponsor, I may be called upon to provide additional details of my personal knowledge of the applicant by either the SBTCA Board or individuals of the membership.

First Sponsor Signature:		
Printed name:	D	Date:
Second Sponsor Signature:		
Printed name:	D	Date: