

NEW MEMBERSHIP APPLICATION

LAST NAME (S)	FIRST NAME (S):	
STREET ADDRESS	S:CITY:	
STATE:ZIP	P CODE: HOME PHONE:	
E-MAIL:	OCCUPATION(s):	
Please provide info	ormation about each of your Standard Schnauzer(s) that you	currently own:
Registered Name Ca	all Name Color Birth date Breeder	
1		
2		
3		
4		
I (we) are intereste	ed in the following activities (please circle as many as applicable)	
Conformation Obed	dience Tracking Herding Agility Grooming General C	Care Club Functions
stating that y affirming that	in good standing, by sponsoring this Application on have personal knowledge of this person they subscribe to the best interests of auzer as a Breed, and their own purebred described to the sound purebred described the standard or subscribed described descr	(s) and are this club the
SSCNC Member Signatur	Date:	
oo on on the moon bightuur		
	Date:	

APPLICANTS PLEASE FILL OUT BOTH SIDES OF THIS APPLICATION & SIGN WHERE INDICATED ON REVERSE SIDE.

2009/Update: 2013

SSCNC Member Signature

Please tell us a little bit more about yourself. Your family consists of (children, other pets): ____ Your family interests and hobbies: _____ Why did you choose a Standard Schnauzer? Membership in other Dog Clubs (please list the club and year you joined): Have you received help and guidance from your breeder (training, grooming, general care guidance)? Other comments or questions you have about SSCNC: **CODE OF ETHICS GENERAL MEMBERS** I will maintain high standards of health and care for my dogs. I will comply with AKC rules and regulations. 2 I will make every effort to learn about the structure, anatomy, action inherited traits and behavior 3 of the dog; especially where such learning applies to working breeds and specifically to the STANDARD SCHNAUZER. I shall conduct myself at all times in a sportsmanlike manner at all Performance, Club, and 4

Conformation events that I attend.

The Standard Schnauzer Club of Northern California is an AKC Licensed Breed Club. Prior to your Application for membership being approved or not approved, you must attend at least TWO Sanctioned SSCNC Club functions within one year of your Application date and obtain TWO SSCNC Member signature endorsements on your application. You will receive a bi-monthly newsletter from SSCNC to keep you informed of upcoming club functions you can attend. Use of membership in SSCNC for personal or financial gain is reason for immediate denial of an Application or termination of membership

APPLICANT(s) SIGNATURE:			
APPLICANT(s) SIGNATURE:			
DATE:			
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PLEASE RETURN YOUR APPLICATION ALONG WITH THE \$15.00 APPLICATION FEE TO: $_{\rm st}$			

SSCNC 1 Vice President: JANICE VILAS-CONWAY

4879 Lucas Road, Ceres, CA 95307-9747

Telephone: 209-531-2747 Email: janvilcon@yahoo.com

MAKE CHECK PAYABLE TO: SSCNC

2009/Update: 2013