AIREDALE TERRIER CLUB OF NEW ENGLAND



APPLICATION FOR MEMBERSHIP

Application for membership in the A.T.C.N.E. is considered by the Executive committee upon the recommendation of two members of the club. The committee meets approximately four times per year and will advise you if your application has been accepted.

There is an initiation fee of \$10 per person and annual dues are \$20 per person (\$10 for junior members), payable upon notification of acceptance.

Name:		CIIII		<u> </u>				
Address:		- NO.	[0]	_				
City:	State:	Zip code:	Phon	ne:				
E-Mail:	Kennel name:							
Business, profession, o	r occupation:	200						
I have owned one or mo	ore pure-bred Aire	edale Terriers for		ears.				
I presently own	Airedale Ter	riers.						
Please list each dog yo	u presently own	age	sex	breeder				
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	N. P.	IODAI						
		000						
<u> </u>				55 90 7950m 70 m 708				
I have attended attended at least three								
I have bred litter(s in the last 24 month.				
Have exhibited at	sandioned match	Co III uic idat 24 i	Horitia					

I am _	pet owner;	intere	ested in showing;	obedience:	
	breeding;	agility;	field trials	; handler.	
I would be	e willing to help the c		trophies; _ stewarding;		
Have you	ever been a membe	er of the A.1	r.C.N.E. before?		
	a former member re wish to add a separa			se answer the follo	wing questions
Approxim	ately when and for h	ow long we	ere you a member: _	E 19 18918 D 1	
In what m	nanner did your mem	bership ten	minate (i.e. resignat	tion, non-payment o	of dues)?
Why did y	you terminate your m	embership	?		
	11/29		7.17 DA	1131	
	IIGL.	6.3		11211	
	10018	3,2		(3) [[
Why do y	ou wish to apply for r	membershi	p at this time?	L9511	
	1511	707		53.9//	
	1/63			(3.7//	
		94	enne O		
application guideline	apply for membersh on is accepted, I ago s for members - cop CNE.org	ree to abid	e by all the rules of	of the club, it's by-l	aws and
Signature	of applicant:			Date:	
	Sponsor must be m	embers in	good standing for	not less than two	years.
Sponsor I	Name and Signature	1.)			
Sponsor I	Name and Signature	2.)			
Please re	eturn this form to the	e Club Sec	retary:		

Please return this form to the Club Secretary: Susan R

Susan Rodgers Stafford Hollow Rd. PO Box 461 Monson, MA 01057-0461