



## NEW MEMBER APPLICATION

**Instructions:** please read the WATC Constitution & Bylaws on our website before applying for membership. Then, complete this form, obtain your sponsor's signature, and mail the form with your check payable Wisconsin Airedale Terrier Club to: Tres. Karie Murawski, 4089 96th Street, Pleasant Prairie, WI 53158 Your application will be read at the next WATC Board Meeting and you will be notified after the meeting.

Applicant Name: \_\_\_\_\_

Other family members (if applying for family membership): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Kennel Name: \_\_\_\_\_

Do you currently own an AKC Registered Airedale? Please share information about your life with Airedales, and let us know why you would like to be considered for membership in the WATC. Use the back of this page if necessary. \_\_\_\_\_

Please attach a copy of all of your current Airedales' pedigrees.

If you do not currently have an Airedale, have you owned them in the past? \_\_\_\_\_ If so, how long ago? \_\_\_\_\_

Are you a breeder? \_\_\_\_\_ If so, how long have you been breeding? \_\_\_\_\_

Please state why you would like to be considered for membership \_\_\_\_\_

Do you exhibit or compete in any of the following? Check all boxes that apply: \_\_\_\_\_

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Conformation    | <input type="checkbox"/> Field Trials/Fur Tracking/Hunting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Obedience/Rally | <input type="checkbox"/> Dock Diving                       | _____                                 |
| <input type="checkbox"/> Agility         | <input type="checkbox"/> Lure Coursing                     | _____                                 |
| <input type="checkbox"/> Barn Hunt       | <input type="checkbox"/> Scentwork                         |                                       |

Which of the following would like to volunteer for? Check all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Meet the Breed Events                            | <input type="checkbox"/> Educational Events / AKC Compliance    | <input type="checkbox"/> Social Media                          |
| <input type="checkbox"/> Airedale Walks / Fun Day                         | <input type="checkbox"/> Fundraising                            | <input type="checkbox"/> Other skills you have to share: _____ |
| <input type="checkbox"/> Host a meeting in your home                      | <input type="checkbox"/> Photographer at our Events/ Activities | _____  |
| <input type="checkbox"/> Serve as a club leader (Officer or Board Member) |   | _____  |

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Membership Dues Types (Payable in Advance). Applications for NEW members are welcome anytime during the calendar year. Applications accepted after August 1st shall pay half of the yearly dues.

☐ Family dues: \$35      ☐ Single member dues: \$25      ☐ Family dues (after Aug 1): \$17.50

☐ Single member dues (after Aug 1): \$12.50

### Applicants must read and sign below

I am interested in the standard-bred Airedale Terrier and subscribe to the club's objectives to promote the best interests of the breed and in no way to commercialize it. I agree to abide by the constitution and by-laws of the Wisconsin Airedale Terrier Club and the American Kennel Club. I am over 18 years of age and in good standing with the American Kennel Club.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All applicants must be sponsored by a club member in good standing.

### Sponsorship Endorsement -----

I have known the applicant(s) for approximately \_\_\_\_ years and/or \_\_\_\_ months, and to the best of my knowledge the applicant understands the club's objectives.

Sponsor's signature: \_\_\_\_\_ Date \_\_\_\_\_

Other info your sponsor would like to provide: \_\_\_\_\_

For WATC Club Use: Application read \_\_\_\_\_ date

Approved \_\_\_\_\_ date