



THE AMERICAN FOX TERRIER CLUB

MEMBERSHIP APPLICATION

PURPOSE: To promote the breeds of pure Fox Terriers; to define precisely the true type and to urge the adoption of such type by breeders, judges, dog show committees and others as the only recognized standard by which Fox Terriers should be judged and to do all possible to protect and advance the interest of the breeds.

PLEASE PRINT CLEARLY. MARK N/A FOR ANY QUESTION THAT DOES NOT APPLY.

APPLICANT NAME(1): _____

APPLICANT NAME(2): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ 2ND PHONE: _____ EMAIL (1): _____

PHONE: _____ 2ND PHONE: _____ EMAIL (2): _____

OCCUPATION(S): _____

DESIGNATE BREED: SMOOTH WIRE: KENNEL NAME: _____

How Long have you owned or been involved with Fox Terriers? _____

Have you ever bred a litter? YES NO If yes, how many litters have you had in the last 3 years _____

Dog related clubs or organizations of which you are a member: _____

My interests in Fox Terriers are (check all that apply): Companionship Breeding Conformation

Jr. Handling Obedience Earthdog Agility Therapy dog Rally Other

What areas of Club activity would you be willing to work on or contribute to (ex social, administration, education, fundraising)

Please state your reason for wanting to join the AFTC: _____

As a candidate for membership in the AMERICAN FOX TERRIER CLUB I certify that I have read and agree to abide by the Code of Ethics on Page 2 of this Application and that I favor the objects of the club as outlined in the statement of Purpose above.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

DATE RECEIVED:

MEMBERSHIP DATE:

FOR INDIVIDUAL MEMBERSHIP APPLICATION:

PROPOSED BY/AFTC MEMBER(1) _____

How long have you known the applicant: _____

Why do you think they would make a good member: _____

SIGNATURE OF PROPOSER: _____ DATE: _____

SECONDER/AFTC MEMBER: (1) _____

How long have you known applicant: _____

Why do you think they would make a good member: _____

SIGNATURE OF SECONDER: (1) _____ DATE: _____

FOR DUAL MEMBERSHIP/SECOND APPLICANT:

PROPOSED BY/AFTC MEMBER(2) _____

How long have you known the applicant: _____

Why do you think they would make a good member: _____

SIGNATURE OF PROPOSER: _____ DATE: _____

SECONDER/AFTC MEMBER: (2) _____

How long have you known applicant: _____

Why do you think they would make a good member: _____

SIGNATURE OF SECONDER: (2) _____ DATE: _____

DATE RECEIVED:

MEMBERSHIP DATE:

DATE RECEIVED:

MEMBERSHIP DATE: