## **Samoyed Club of Central Arizona**

## **Membership Application**

To: The Board of Directors and Membership of the Samoyed Club of Central Arizona

I hereby apply for membership in the Samoyed Club of Central Arizona. I hereby agree to abide by the constitution and the by-laws of the Club, and the rules of the American Kennel Club.

Name:				
Address:				
City:	State:	Zip:		
Home Phone:				
Employer:	E-mail address:	E-mail address:		
Please indicate which activities you participa	ate in:			
Breeder Name of Kennel:	_			
Conformation Agility	Obedience Worki	ng Sa	moyed Rescu	
Please complete the following information for	or each Samoyed you own:			
Name	AKC#	Age	Sex	
Are you a member of the Samoyed Club of	America? Yes	No		
If a member of the SCA, are you in good sta	anding? Yes	No		
Please list any other breed clubs you belong	g to:			
Please list exhibiting activities for the past tv	vo years on the back of this appli	cation.		
Dues for the Samoyed Club of Central Arizo payable to the Samoyed Club of Central Ariz		ear. Please make	your check	
Applicant Signature	Date			
Applicant Signature	Date			
Please have two members of the SCCA end	dorse your application.			
SCCA Member Signature	SCCA Member Signature			

Please return the application and your membership dues to the SCCA Membership Chair – Rog Carlin rog.carlin@cox.net