



West Highland White Terrier Club of Greater Denver Application for Membership

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone Number(s): Home _____ Cell(s) _____

Primary Email _____ Alternative Email _____

Occupation(s) _____

Why do you want to join the West Highland White Terrier Club of Greater Denver (WHWTCDG)?

_____ 12 _____

Are you a prior member of this club? Yes No

Have your American Kennel Club privileges ever been suspended or revoked? Yes No

Do you currently have Westie(s) in your household? Yes No

How many years have you been involved with Westies? _____

What experience do you have with this breed?

Would you be interested in participating in club committees? Yes No

What skills, hobbies or talents would you like to share with the club?

Are you a member of any other dog-related club(s) and/or organization(s)? Yes No

If yes, please list the organization(s), position(s) held and/or committees you have served on.

What dog-related activities do you participate in?

Two Sponsors Are Required. Sponsors Must Be Current Club Members, Not Of The Same Household.

Name of 1 st Sponsor	Sponsor's Signature	Date
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Name of 2 nd Sponsor	Sponsor's Signature	Date
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Check the appropriate box(es) for membership level and/or other donations you would like to make:

- Individual Club Membership (\$25) _____
 Family Club Membership (\$35) _____

OPTIONAL DONATIONS

- Club's General Fund _____
 Annual Trophy Fund Donation _____
 Specific Show Trophy _____
 Rescue Fund _____

Total _____

I (we) hereby apply for membership in the West Highland White Terrier Club of Greater Denver (WHWTCDG), Inc. I (we) further agree to abide by its Constitution and By-Laws as well as the rules and regulations set forth by the American Kennel Club.

Furthermore: I (we) authorize the WHWTCDG to provide me (us) with notification of club meetings, results of meetings, memorandums and other needed communications, via my email address which is listed above. I (we) understand that by signing this authorization, I (we) release the WHWTCDG from any liability should the notification not be received or be received late due to circumstances beyond the club's control. I (we) can revoke this authorization at any time by contacting the membership chair at the email wywesties@gmail.com.

Signature _____

Date _____

Signature _____

Date _____

Make Checks Payable to **WHWTCDG** and mail to the Membership Chairperson:

WHWTCDG
c/o Cindy Higginbotham
933 Glenarbor Circle
Longmont, CO 80504

