



Membership Application

The Staffordshire Terrier Club of America (STCA) is a member of the American Kennel Club (AKC) and is the authorized Parent Club for the breed of the American Staffordshire Terrier (AST). The object of this Club shall be the breeding of purebred dogs, to develop and bring to perfection their naturally high qualities, to support AKC Dog Shows and Events, to emphasize the value of pure breeding, to encourage registration of AKC eligible dogs, to create appreciation on the part of the public of the value of purebred dogs, to foster and maintain among ourselves a warm friendship and the highest standards of sportsmanship. No person who has been found guilty of animal abuse or who supports dog fighting can become or remain a member of the STCA. For additional membership information please refer to the STCA Constitution and Bylaws at <http://amstaff.org/documents/constitution.pdf> or write the STCA Secretary for a copy. By submitting this application you agree to adhere to the STCA Code of Ethics.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Membership applications require the signature (sponsorship) of an STCA Member. Money will be refunded if membership is denied.

As of this date, do you own one or more AKC registered American Staffordshire Terrier(s)? Yes No
If yes, list dog(s) name & AKC number(s). (Attach additional sheet if necessary.)

Name _____ AKC# _____

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Have you read the Breed Standard for the American Staffordshire Terrier? Yes No

I hereby make application for membership in the STCA, representing that I am not less than 18 years of age, and that I am in good standing with the American Kennel Club; that I will work for the improvement of the AKC registered AST, that I will abide by the Constitution and Bylaws of the STCA and that I have read and understand the Code of Ethics.

Please print (except where signature is required):

Name of Applicant _____ Applicant's Signature _____ Date _____

Second family member (if applicable): Name: _____ Signature: _____

Junior Member (in addition to Regular or Family Members only (must reside at same address): _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone number: _____

Email Address of Primary Member _____

Email Address of Family Member (if applicable) _____

Each family member must have their own email address for identity verification and secure electronic voting.

Name of STCA member sponsoring: _____ Sponsor _____

Sponsor's Signature: _____

FOR OFFICIAL USE ONLY: Secretary received _____ Date Paid _____ Amount _____

Date Approved by Board _____

REGULAR STCA MEMBERSHIP WITHIN THE UNITED STATES (INCLUDES MAGAZINE SUBSCRIPTION)

Only residents of the United States are eligible for regular STCA membership.

Please make your membership selection below:

☐ Single Membership \$35.00 (Must be over 18 years, (**New members: please add an additional \$10 initiation fee, total = \$45).**

☐ Family Membership \$50 (2 adults over 18 residing in the same household and or are married or domestic partners) (**New members: please add an additional \$10 initiation fee, total = \$60)**

☐ _Junior (nonvoting and under 18, with regular or family membership) \$10.00

U.S. RESIDENTS (NONMEMBERS, NONVOTING)

☐ _STCA Magazine subscription only (no sponsor required) One year magazine subscription only (1 yearly issue) \$60.00

INTERNATIONAL OR NON US MEMBER, NON VOTING (no sponsor required)

International or Non US Residents may subscribe to the STCA Magazine only, and **cannot** vote or hold office. International subscription prices include additional, **first class** postage. All prices are in US dollars.

☐ Canada / Mexico, One yearly issue \$60.00

☐ All other countries, One yearly issue \$68.00

If you would like to make a donation to one of the committees, see below:

Amount:

_____ Health
_____ Performance
_____ General
_____ Archives

Amount:

_____ Trophy Confirmation
_____ Trophy Performance.
_____ Public Relations
_____ Legislative
_____ Rescue
_____ Futurity

☐ \$50.00 Breeder listing on STCA website

\$_____ **Total Payment submitted**

Payment Method: (check one) Cash _____ Check (number) _____ Transaction Date _____

Applicant Signature _____ Date _____

Make checks in US funds, drawn on US Banks, **payable to STCA**

Mail check and application to:

STCA Corresponding Secretary
Lacey Benitez
52 Tuscan Way Ste 202, #321
Saint Augustine, FL 32092

Our preferred method of payment is Zelle with the address of treasurer@amstaff.org

Or you can pay by Pay Pal with the address of treasurer@amstaff.org

If you are paying via Zelle or PayPal, please print and complete the application. Then scan the application and email it to STCA.csec@gmail.com

Please also note on the application the date of the Zelle or PayPal transaction.

I (WE) am (are) opting into receiving correspondence from the club via any electronic/digital means in perpetuity as long as I (WE) am (ARE) a member(s) of the club now or whenever I (we) am a member(s) in the future. To opt out of this option I (we) understand that a written statement to opt out of this option must be written to and sent to the corresponding secretary of the club.

Visit the STCA Web site at www.amstaff.org.
Questions? Contact Lacey Benitez at STCA.csec@gmail.com

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Date Approved by Board _____