



The Boston Terrier Club Of Western Washington

Membership Application

Name: _____

Spouse: _____

Address: _____ City: _____ State: ___ Zip: _____

Home phone: _____ E-mail: _____

Occupation: _____ Other dog clubs? _____

What breeds do you own? _____

Are you a breeder? _____ Kennel name: _____

If you wish to be listed on the web site please send an additional \$10.00 YES___ NO___

Are you interested in: Conformation _____ Obedience _____ Rally _____

Agility _____ Fun Days _____

Membership is annual from January 1 to December 31 Dues must be paid by January 31st annually.
Our newsletter is sent via e-mail unless you have no fast internet access.

SINGLE \$20.00 (one person—one vote) Family \$25.00 (Two people—two votes)

Sponsor: _____. How do you know this person(s)?

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Signed: _____ Date: _____

Make Check payable to BTCWW and mail to:

Shirley Stiles - 914 Blodgett Rd., Mt Vernon, WA. 98274 Email: histiles@comcast.net

Date application received _____ 1st reading _____ 2nd reading _____ packet sent _____