



MINIATURE SCHNAUZER CLUB OF ATLANTA

Membership Application

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-Mail: _____

Occupation(s): _____

(Please use the back to list more dogs if you have more than 3)

Names of Dogs	Breed:	<u>Gender?</u>	<u>Neutered?</u>	<u>AKC?</u>	<u>Rescue?</u>
_____	_____	M or F	Y or N	Y or N	Y or N
_____	_____	M or F	Y or N	Y or N	Y or N
_____	_____	M or F	Y or N	Y or N	Y or N

If you breed Miniature Schnauzers, how many litters do you have annually? _____

Family Veterinarian: _____

Circle Areas of Interest

- Pet
- Conformation
- Obedience
- Agility
- Pet Therapy
- Rally
- Other _____

Circle Areas for which you would be willing to Volunteer

- Fun / Day Activities
- Newsletter
- Programs
- Other _____
- Membership
- Publicity / Photography
- Hospitality

I (we) agree to abide by the Miniature Schnauzer Club of Atlanta's Constitution and Bylaws, the Code of Ethics of the Club and the rules and regulations of the American Kennel Club.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature _____ Date: _____

PLEASE MAIL APPLICATION TOGETHER WITH DUES (\$20.00 FOR INDIVIDUAL; \$35.00 FOR COUPLE) PAYABLE TO THE MSCA TO: Karen Stearns, 13 Westgate Drive SW, Cartersville, GA 30120-6191