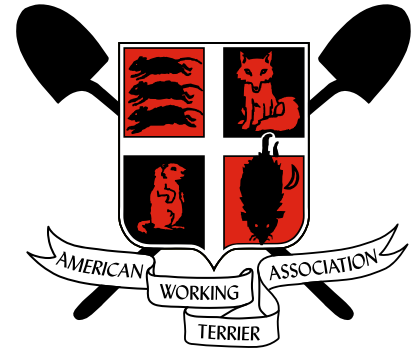


American Working Terrier Association Membership Application



Print form, fill in completely and send with fee.
Dues: \$15, Single \$20, Couple

Name(s) (Print): _____

Your Signature(s): _____

*Your signature on this application constitutes an agreement to
abide by the Constitution and Bylaws of the AWTA.*

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Breed(s) owned: _____

Breed club(s) you belong to: _____

Have you worked your terrier or Dachshund? Yes____; No____

If YES, please describe work: _____

May we publish your name, address, phone number and email in our membership directory?

Yes____ No____ (The directory is available to members only!)

State briefly your reasons for wanting to join the AWTA: _____

Amount enclosed:\$_____ for _____ Single _____ Couple membership

Make check out to : AWTA

Send to: **Ann Wendland**
15720 St. Hwy. 16
Capay, CA 95607