

# AMERICAN ASSOCIATION OF THE COTON DE TULEAR, INC.



## MEMBERSHIP APPLICATION or MEMBERSHIP RENEWAL FORM

### PERSONAL INFORMATION (Please Print or Type)

Name: \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Kennel Name: \_\_\_\_\_

Birth Date (MM/DD/YY/, If under 18 years of age): \_\_\_\_\_

Please check:

I am a citizen or permanent resident of the 50 United States of America, District of Columbia, or Puerto Rico \_\_\_\_\_

I am a citizen or permanent legal resident of (Country) \_\_\_\_\_

### QUESTIONNAIRE:

What type of membership in the AACDT are you applying for?

Membership for Continental USA residents.....

Single: \$45 \_\_\_ Family: \$60 \_\_\_ Junior: \$15 \_\_\_

Membership outside of the Continental USA.....

Single: \$50 \_\_\_ Family: \$65 \_\_\_ Junior: \$20 \_\_\_

Number of Cotons owned by you: \_\_\_\_\_ Number of Cotons co-owned by you: \_\_\_\_\_

If Co-owned, Name(s) of Co-owners: \_\_\_\_\_

Number of Companion Dogs owned by you: \_\_\_\_\_ Number of breeding dogs owned by you: \_\_\_\_\_

Do your dogs visit a regular veterinarian annually? \_\_\_\_\_ Do they have a microchip or tattoo for ID? \_\_\_\_\_

In what capacity have you been involved with your dogs?

Therapy \_\_\_ Conformation \_\_\_ Obedience \_\_\_ Breeding \_\_\_ Agility \_\_\_

Other (specify) \_\_\_\_\_

Do you belong to any other Coton or Dog Clubs? If yes, Name of the Club(s) \_\_\_\_\_

What type of membership do you have? \_\_\_\_\_

Do you hold office? If, Yes, Please state position(s) \_\_\_\_\_

Please state any committee membership you hold in other clubs: \_\_\_\_\_

Do you speak or read a foreign language? \_\_\_\_\_

If yes: Specify \_\_\_\_\_

**PLEASE SHARE SOME INFORMATION ABOUT YOUR DOG(S):**

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**WHY DO YOU WISH TO JOIN THE AACDT, INC. AND WHAT DO YOU EXPECT US TO OFFER YOU?**

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**WHAT CLUB ACTIVITIES ARE YOU INTERESTED IN?**

HOSPITALITY COMMITTEE \_\_\_ HEALTH COMMITTEE \_\_\_ SHOW COMMITTEE \_\_\_ EDUCATION COMMITTEE \_\_\_ NEWSLETTER/FLYER \_\_\_  
ARE YOU WILLING TO CONTRIBUTE ARTICLES FOR THE NEWSLETTER/FLYER? \_\_\_  
WHAT SPECIAL SKILLS DO YOU POSSESS WHICH MIGHT BE HELPFUL WITH OUR ORGANIZATION?

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Please attach another sheet of paper if you would like to add more information to this application.

**By my signature below, I acknowledge that:**

I have fully read and understand the Constitution and Bylaws of the AACDT, Inc., December 11, 2008 version, and that I further agree to abide by the Constitution and Bylaws as it relates to the membership(s) I am applying for. I have answered all of the above questions honestly. I understand and agree that my membership application will be reviewed by the AACDT, Inc. Board of Directors. Membership renewal applicants are subject to the same voting procedures of acceptance as first-time applicants, and must fully complete a new membership application. The Board reserves the right to deny membership to parties deemed not to have the best interests of the AACDT, Inc. and the Coton de Tulear in mind. The AACDT, Inc. bears no obligation to explain the reasons for denial.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check or money order, in US Funds, is payable to the AACDT, Inc. Address is listed below.

**AACDT, Inc.  
Sandra Lowery, Corresponding Secretary  
14424 Quail Trail Ct.  
Orlando, Florida 32837  
USA**

**For office use:**

DATE RECEIVED \_\_\_\_\_ DATE APPROVED \_\_\_\_\_ (Y) \_\_\_\_\_ (N) \_\_\_\_\_ DATE:RECEIPT OF SPONSORSHIP FORM: \_\_\_\_\_  
DATE OF RECEIPT OF CHECK OR MONEY ORDER....AND NUMBER \_\_\_\_\_  
DATE OF NOTIFICATION TO APPLICANT \_\_\_\_\_ TYPE OF NOTIFICATION:U.S. MAIL \_\_\_\_\_ EMAIL \_\_\_\_\_