

AFFENPINSCHER CLUB OF AMERICA MEMBER APPLICATION



I agree to abide by the Constitution, Bylaws, and Code of Ethics of the Affenpinscher Club of America, Inc., and the rules of the American Kennel Club. At all times and under all circumstances I will consider the welfare and best interests of the Affenpinscher breed and of the dogs I keep, breed, exhibit or sell, and maintain in all such activities the highest standards of ethical conduct. I have read and understand the ACA Membership Policy and Procedures and do share and uphold the objectives of its Statement of Membership Policy.

I understand that members of the Affenpinscher Club of America, Inc. have the right of fair comment on my application. I also acknowledge that the Board of Directors of the Affenpinscher Club of America, Inc. has my permission to contact my family, friends, and acquaintances regarding my ethical conduct and qualifications for ACA membership.

SIGNATURE _____ Date: _____

Sponsor forms and appropriate membership fee must be included with your application. A \$10 non-refundable application fee must accompany your application. Only eligible and properly sponsored applicants will be considered for membership. Applicants will begin receiving the newsletter via Email upon acceptance as a member.

Type of membership: (check one)

- Individual** (US applicant) \$26 annual dues + \$10 application fee = \$36
- Household** (US applicant) \$39 annual dues + \$10 application fee = \$49
(2 individuals 18 years of age and older occupying the same residence)
- Junior** (US resident only, age 10 through 17) \$13 annual dues + \$10 application fee = \$23
(All privileges are extended to Junior membership except voting and holding office. May be converted to single or household membership upon reaching age 18.)

The following items are enclosed:

- completed application (page 1 & 2)
- completed sponsor form 1
- completed sponsor form 2
- appropriate application fee (check payable to "Affenpinscher Club of America, Inc.,"
US funds only)

Please forward to:

Linda Swartz
69 Centre Street
Brookline, MA 02446

MEMBER APPLICATION

PLEASE PRINT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

email: _____

Kennel: _____ Occupation: _____

1. Date you acquired your first Affen (Month,Year)_____ (including from whom)

2. Number and gender of adult Affens (over six months of age) presently owned.

3. List other Dog Club memberships. (Including year joined, offices held, etc.)

4. Month and year you first exhibited at an AKC licensed conformation or performance event.

6. List by type (e.g., CH, CD, CDX, TD, JE) the number of titles you have completed on Affens.

7. How many litters have you bred in the last three years? Breeds?

8. Have you ever been under suspension by the AKC? Yes No

If yes, list reason for suspension, length of suspension, and date of reinstatement.

9. I am interested in volunteering my services for the following Affen committees, functions, and activities:

Health and Welfare Newsletter Breeder education Judges education

specialty committees (e.g., ways & means, trophies, sweeps, etc.)

other

10. Please give a brief statement about your association with Affenpinschers and future interest in the breed.

Please continue your statement on the reverse side.

ACA SPONSORSHIP ENDORSEMENT

FIRST SPONSOR

Name _____

Address _____

Phone No. _____

Important: please do not sign blank form. Before endorsing an application for membership, study the applicant's statements, the ACA Statement of Membership Policy, and the following:

STATEMENT OF ENDORSEMENT

By my endorsement, I certify that to the best of my knowledge, the applicant statements are correct, and that the applicant is not currently engaged in practices inconsistent with the ACA Statement of Membership Policy or the Code of Ethics. I believe the applicant will, under all circumstances, consider the welfare and the best interests of the breed and of the dogs he or she keeps, breeds, exhibits and sells, maintaining in such activities the highest standards of ethical conduct. I believe the applicant fully supports the objectives of the ACA and do hereby unequivocally endorse this application. My endorsement is made on the basis of the following personal knowledge of the applicant and my eligibility for sponsorship:

FIRST SPONSOR ENDORSEMENT (1 of 2)

1. I have been acquainted with the applicant since (month/year).
2. I have personally visited the quarters in which the applicant maintains his or her dogs within the past six months: Yes No
3. I have sponsored _____ (number of) people for membership in the year _____ .
4. I have been a member of the ACA since _____ (month/year).
5. Sponsors must supply a narrative that will be presented to the Membership describing the Applicant and any other pertinent factual basis for endorsement. Please use the reverse for additional space.

Signature: _____ Date: _____

ACA SPONSORSHIP ENDORSEMENT

SECOND SPONSOR

Name _____

Address _____

Phone No. _____

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STATEMENT OF ENDORSEMENT

By my endorsement, I certify that to the best of my knowledge, the applicant statements are correct, and that the applicant is not currently engaged in practices inconsistent with the ACA Statement of Membership Policy or the Code of Ethics. I believe the applicant will, under all circumstances, consider the welfare and the best interests of the breed and of the dogs he or she keeps, breeds, exhibits and sells, maintaining in such activities the highest standards of ethical conduct. I believe the applicant fully supports the objectives of the ACA and do hereby unequivocally endorse this application. My endorsement is made on the basis of the following personal knowledge of the applicant and my eligibility for sponsorship:

SECOND SPONSOR ENDORSEMENT (2 of 2)

1. I have been acquainted with the applicant since (month/year).
2. I have personally visited the quarters in which the applicant maintains his or her dogs within the past six months: Yes No
3. I have sponsored _____ (number of) people for membership in the year _____ .
4. I have been a member of the ACA since _____ (month/year).
5. Sponsors must supply a narrative that will be presented to the Membership describing the Applicant and any other pertinent factual basis for endorsement. Please use the reverse for additional space.

Signature: _____ Date: _____