

**BELGIAN TERVUREN CLUB OF SOUTHERN CALIFORNIA
MEMBERSHIP APPLICATION**

DATE: _____

NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____

OCCUPATION: _____

NUMBER OF TERVUREN OWNED: _____

NUMBER OF TERVUREN CURRENTLY LIVING WITH YOU: _____

**ON REVERSE SIDE OF THIS FORM, LIST THE NAMES OF YOUR TERVUREN, SIRE, DAM,
DATE OF BIRTH, BREEDER**

WHAT ARE YOUR INTERESTS? _____

WOULD YOU BE WILLING TO VOLUNTEER TO HELP AT CLUB EVENTS? _____

DUES: \$20.00 PER PERSON, \$30 PER COUPLE, \$5.00 JUNIOR

SIGNATURE OF APPLICANT(S) _____

**APPLICATION MUST BE SIGNED BY TWO MEMBERS OF THE BTCSC WHO ARE IN
GOOD STANDING**

SPONSOR ONE (SIGNATURE) DATE PRINTED NAME

SPONSOR TWO (SIGNATURE) DATE PRINTED NAME

SEND COMPLETED APPLICATION WITH DUES TO: DAVE MUSIKOFF
2154 WOODLYN ROAD
PASADENA, CA 91104

**MAKE CHECKS OUT TO: THE BELGIAN TERVUREN CLUB OF SOUTHERN
CALIFORNIA, INC., OR BTCSC, INC.**