

Mid-Atlantic Stewards Association

Membership Application

NAME: _____
(Last) (First) (Mid. Initial)

ADDRESS: _____ City _____ State _____ Zip _____

TELEPHONE: Home _(_____) _____ Work _(_____) _____

E-Mail Address: _____ Cell Phone: _____

IF APPLYING AS A JUNIOR MEMBER, PLEASE PROVIDE DATE OF BIRTH ____ / ____ / ____

Breeds you own: _____

Dog Organizations you belong to: _____

Your participation in these organizations (i. e. Officer, Committees, etc.) _____

How were you introduced to Mid-Atlantic Stewards Association?

Do you have any experience stewarding conformation rings? Yes _____ No _____

If yes, please provide a brief summary _____

Please give a brief explanation of your reason(s) for applying for membership in the Mid-Atlantic Stewards Association.

I WILL NOT EXHIBIT DOGS AT SHOWS WHERE I AM TRAINING WITH THE MID-ATLANTIC STEWARDS.
(DOGS YOU OWN CAN BE SHOWN BY A FAMILY MEMBER OR HANDLER.) I WILL MAKE EVERY EFFORT TO COMPLETE MY PROVISIONAL ASSIGNMENTS WITHIN A YEAR OR WILL BE AWARE THAT I WILL HAVE TO RE-APPLY.

IF ACCEPTED, I AGREE TO ABIDE BY THE CONSTITUTION, BY-LAWS AND STANDARDS OF THE MID-ATLANTIC STEWARDS ASSOCIATION.

SIGNATURE _____ DATE _____

Please return completed form to: Mary Ridgely, President, Mid Atlantic Stewards Association, Inc., 8519 Chestnut Oak Road, Baltimore, MD 21234-3701.