SENIOR CONFORMATION JUDGES ASSOCIATION, INC

APPLICATION for MEMBERSHIP

(Please Print)

CHECK ONE: _____ New Application _____ Renewal/Update

Name: _____
Last First MI

Address: _____
Street City State Zip

Day Phone: (_____)_____ **Evening Phone:** (_____)_____

Cell Phone: (_____)_____ **Fax:** (_____)_____

E-Mail: _____

Occupation: _____ **(If retired, former occupation)**

YR Initially Approved to Judge: _____ **Grp(s) Jdged:** _____

Original Breed(s) Owned: _____
(Please give "owned as of" date)

Are you an AKC Delegate: _____ **For Which Club:** _____

_____

Please list other areas of expertise (speaker, breed presenter, writer, public relations, word processor, etc.), which may be useful to further the goals and aims of the SCJA.

_____

_____

_____ _____
Signature **Date**

ANNUAL DUES:
$25

Complete application, Make Check Payable to SCJA, and Mail to:

Karen Sawyer
SCJA - Membership
5 Wagon Wheel Way
Ocala, FL 34482

SCJA JUDGE'S NAME BADGE

A JUDGE'S NAME BADGE is furnished at no charge to new members. Please email us at karen@scja.org to let us know how you would like your name to appear on the name badge and which type of backing you would prefer: 1) pin 2) magnet

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