

CENTRAL INDIANA SHETLAND SHEEPDOG CLUB, INC., MEMBERSHIP APPLICATION

Name(s): _____

Address: _____

Email: _____ Mobile Phone: _____

Kennel Name: _____ Home Phone: _____ Work Phone: _____

Occupation(s): _____ Memberships in other dog organizations: _____

Interest: Conformation___Obedience___Agility___Herding___Pet___Breeder___Handler___Judge___

Do you own or operate a boarding kennel or pet shop? (yes) (no) Other: _____

Number of shelties over six months currently owned: _____ Number of litters in past five years: _____

Number of AKC shows entered in last 5 years: _____ Are you interested in serving on committees or being a chairperson? (yes) (no)

Brag Box: List any champions, obedience titles, agility titles, herding titles, recent wins or other pertinent information: _____

Special talents and hobbies (other than dogs): _____

IF THIS APPLICATION IS ACCEPTED, I PROMISE TO UPHOLD THE CONSTITUTION, BY-LAWS, AND CODE OF ETHICS OF THE CENTRAL INDIANA SHETLAND SHEEPDOG CLUB, INC., AND WILL OFFER MY ASSISTANCE WHENEVER POSSIBLE.

Applicant Signature(s): _____

Signature of two regular members: _____

Note: An application fee (\$10 non-refundable per person) AND annual dues (\$15 per person) must accompany this application

1st reading date: _____ 2nd reading date: _____

Approved (yes) (no)

Board of Directors approval: _____ Date: _____