



THE SHETLAND SHEEPDOG CLUB OF SOUTHEAST FLORIDA  
MEMBER OF THE AMERICAN SHETLAND SHEEPDOG ASSOCIATION



MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_

KENNEL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PH. ( ) \_\_\_\_\_ CELL PH. ( ) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK PH. ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

What are your areas of interest in the Shetland Sheepdog?:

Pet Owner \_\_\_\_\_ Breeding \_\_\_\_\_ Conformation \_\_\_\_\_ Obedience \_\_\_\_\_ Agility \_\_\_\_\_

Tracking \_\_\_\_\_ Herding \_\_\_\_\_ Pet Therapy \_\_\_\_\_ Rally Obedience \_\_\_\_\_ Flyball \_\_\_\_\_

Other \_\_\_\_\_ Explain: \_\_\_\_\_

Number of dogs owned now: Males \_\_\_\_\_ Females \_\_\_\_\_

Dog's Names: \_\_\_\_\_

Please list other clubs you belong and/or belonged to and offices held, if any: \_\_\_\_\_

If accepted for membership, I have received, read, and agree to abide by the Code of Ethics, the Constitution and By-Laws of the Shetland Sheepdog Club of Southeast Florida, and the American Kennel Club.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor 1: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor 2: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* One (1) sponsor MUST be an Officer or Board Member \*\*\*

NOTE: Annual dues are as follows:  Full Membership \$20.00  
 Associate Membership \$15.00  
 Junior Membership \$10.00

Dues must accompany this application. New members joining after June 30<sup>th</sup> shall pay half of the membership fee for the remainder of the year. If the applicant is not accepted for membership, the dues payment shall be returned to him/her. If the applicant does not become a member within six (6) months from the date of application, the application will be null and void and the dues payment will be forfeited. Each application is to be read at two (2) meetings of the Club being voted on at the second meeting the applicant attends.

The SSCSEF is a club of volunteers and we would like to know what Committees you would be interested in volunteering to work on, if elected to membership:

Conformation match \_\_\_\_\_ Specialty show \_\_\_\_\_ Fundraising \_\_\_\_\_ Stewarding \_\_\_\_\_

Hospitality \_\_\_\_\_ Sheltie Olympics \_\_\_\_\_ Other \_\_\_\_\_ Any of the above \_\_\_\_\_

FOR CLUB USE ONLY:

Date Dues Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Received by: \_\_\_\_\_

Date of First Reading: \_\_\_\_\_ Date of Second Reading: \_\_\_\_\_ Vote Results: \_\_\_\_\_