

SSDCA-OC: MEMBERSHIP APPLICATION

Name: _____ Address: _____
City: _____ Province/State: _____
Postal Code/Zip: _____ Kennel Name: _____
Email: _____ Phone Number: _____

Please answer the following questions. Please note we are asking these questions in order to identify the interests and activities important to our members mainly to assist in planning Chapter events.

Do you currently own an ISSR Shiloh? _____ If yes, please indicate number: DOG _____ BITCH _____

Registered Name: _____ Date of birth: _____

Sire: _____ Dam: _____

Registered Name: _____ Date of birth: _____

Sire: _____ Dam: _____

From whom did you purchase your Shiloh? _____

Do you plan on purchasing an ISSR Shiloh in the future? _____

Do you plan on showing/breeding your Shiloh if he/she has all the quality requirements? _____

What other activities do you currently participate in with your Shiloh? (circle all that apply)

Agility Flyball Search and Rescue Obedience: Novice Open Utility

Therapy Schutzhund Herding

Other (please describe) _____

What activities would you be interested in trying with your Shiloh?

Please list any other dogs/pets currently owned:

All SSDCA-OC members must be members of the Parent Club, the Shiloh Shepherd Dog Club of America, Inc.

Please provide your SSDCA Membership Number and list any other chapters to which you belong:

If asked, would you be willing to function in any particular office or any committee, or is there any service for the

Chapter that you would like to perform? _____

SSDCA – OC
c/o 3 Hacienda Crt, Brampton ON L6Z 3J2

Email: ssdcaoc@live.ca Web Site: www.issr-shilohshepherds.ca/SSDCA-OC/

With my signature, I agree to abide by the Constitution and by-laws of the SSDCA, the Breeders Code of Ethics, and the Chapter's Policies and Procedures Handbook. All the information given above is correct to the best of my knowledge.

Signature: _____ Date: _____

Type of Membership (circle and enclose correct yearly fee) Individual \$10 Family \$20
Total Payment enclosed \$ _____ New Member _____ Renewal _____

For Office Use Only

Date received: _____

Membership Dates:

Amount Paid: _____

From: _____ / _____ / _____

SSDCA-OC Membership # _____

To: _____ / _____ / _____