

**COLONIAL SHETLAND SHEEPDOG CLUB, INC  
APPLICATION FOR MEMBERSHIP**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Are you a member of any organizations other than those in the dog field? If so, please state:

\_\_\_\_\_

How many Shelties do you own? \_\_\_\_\_

Do you own dogs other than Shetland Sheepdogs? If so, please state: \_\_\_\_\_

\_\_\_\_\_

In which areas of the breed do your interests lie: Pet: \_\_\_\_\_ Show: \_\_\_\_\_ Obedience: \_\_\_\_\_

Breeding: \_\_\_\_\_ Agility: \_\_\_\_\_ Flyball: \_\_\_\_\_ Other: \_\_\_\_\_

I submit the following two signatures and summaries of approval as endorsement by members willing to sponsor my nomination:

a. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby agree to abide by the Constitution and By-Laws and Code of Ethics of the Colonial Shetland Sheepdog Club, Inc.; and by the rules and regulations of the American Kennel Club.

Applicant's signature: \_\_\_\_\_

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

**Membership Dues:**

|  |         |
|--|---------|
| New Member Application Fee:                    | \$15.00 |
| Single Adult Membership                        | \$15.00 |
| Family Membership<br>(2 adults same Household) | \$25.00 |
| Single Junior Membership                       | \$12.00 |

\* New Membership Application Fee & Dues Payable to CSSC Must Accompany Application

Mail Completed application & Check to:

Ann Lyman  
CSSC Corresponding Secretary  
158C Old Plainfield Pike  
Foster, RI 02825ventry, RI 02816  
Questions? Call (401) 397-6018  
Or Email: amberhillshelties@gmail.com