

SSDCA Membership Application

Please complete the form and return with payment to:

SSDCA Inc.

P.O. Box 61

Machias, NY 14101

Name:		
Address:		
City:	ZIP / Postal Code	State/Prov
Country:	Contact Phone #:	
Email address:		
Occupation:		
Registered Kennel Name (if any):		
Website / Blog (if any):		
Please provide 2 references that we can contact you require help with this please contact your lo References:	cal SSDCA chapter representative	ss.
Ref 1:		
Ref 2:		
Are you now or have you been a member of any	other clubs? Y / N	
If yes please list the name, position held and app	prox. dates of membership:	
Would you be interested in serving as a Chapter	Official or Committee Member?	Y / N
Is there any particular service you can provide to	the club?	

•	ase provide the f	•	onera? Y / N			
Name(s)	se provide the h		Breeder(s)		Pe	t / Breed
			Shepherd in the near			
am inter	ested in the follo	owing act	ivities with my Shiloh	(s).		
	Showing			Tracking		
	Obedience			Nose-work		
	Rally - O			Service Dog		
	Therapy Wor	·k		Working (herding, SAR	4)	
	Other (please	e specify)				
Please pro	ovide a short sta	tement o	f why you want to be	come a member.		
Please pro	ovide a short sta	tement o	f what expect from /	can do for the club:		
Any addit	ional information	າ you wo	uld like to share?			
Fee submitted	itted by:		Paypal (please use	online link)	Membership Fee:	\$35 - 1yr
			Check (made paya	ble to the SSDCA Inc.)		\$55 - 2yr \$75 - 3yr
Signed:				Date:		