



MEMBERSHIP APPLICATION

NEW
 RENEW
 Single \$30
 Family \$40
 Breeder/Stud Single \$40
 Breeder/Stud Family \$50

Name:

Address:

City, State ZIP:

Home Phone:

Cell Phone:

Email:

List Family Members and their relationship to you [for Family Memberships only]

Family Member 1:

Family Member 2:

Family Member 3:

Family Member 4:

Family Member 5:

Are you a member of any other dog club(s)? If so, please list which clubs and whether or not you hold any positions in that club.

How did you hear about the ISSDC? What attracted you to the ISSDC?

Please list both the registered and call name of your Shiloh Shepherds. If you have more than five (5) Shilohs, please submit additional names under the comments section.

Registered Name:

Call Name:

Registered Name:

Call Name:

Registered Name:

Call Name:

Registered Name:

Call Name:

Registered Name:

Call Name:

What is your Shiloh Shepherd Kennel name (if applicable):

What is your website address (if applicable):

Do you have breedable or potentially breedable Shiloh Shepherd adults or puppies? yes no

If so, may we contact you about listing your dog(s) on our club website? yes no

May we list your name on our public membership roster? yes no

The following responsibilities are vital to the continuation of the ISSDC. Please select the area(s) of interest to you and your family members and tells how you can help:

- Administration
- Rescue/Foster
- Fund Raising
- Genetics/Research
- Record Keeping
- Newsletter Publishing
- Newsletter Articles/Stories
- Graphic Arts/Design
- Help with Web Presence
- Hosting an Event
- Volunteer at Events
- Other *(please list)*

What types of events/functions would you like to see the ISSDC run? (please check all that apply)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Breed Ring | <input type="checkbox"/> I would be willing to host or spearhead this type of event |
| | <input type="checkbox"/> I would just like to participate |
| <input type="checkbox"/> Obedience | <input type="checkbox"/> I would be willing to host or spearhead this type of event |
| | <input type="checkbox"/> I would just like to participate |
| <input type="checkbox"/> Carting | <input type="checkbox"/> I would be willing to host or spearhead this type of event |
| | <input type="checkbox"/> I would just like to participate |

- Therapy
 - I would be willing to host or spearhead this type of event
 - I would just like to participate

- Herding
 - I would be willing to host or spearhead this type of event
 - I would just like to participate

- Search & Rescue (SAR)
 - I would be willing to host or spearhead this type of event
 - I would just like to participate

- Fun Days (games/picnics)
 - I would be willing to host or spearhead this type of event
 - I would just like to participate

- Educational Seminars
 - I would be willing to host or spearhead this type of event
 - I would just like to participate

- Health Clinics
 - I would be willing to host or spearhead this type of event
 - I would just like to participate

- Other (please list)

Additional comments:

I agree to abide by [the Constitution and Bylaws](#) of the ISSDC, Inc.

Signed: _____

| Date: _____

New Members joining prior to 6/30 of the current year expire 12/31 of the same year;
those joining after 7/1 of the current year expire 12/31 of the following year.

Renewing Membership expires 12/31 of the current year regardless of date renewed.

Fill out this form completely and mail along with \$USD to:

ISSDC-Membership Payment
c/o Carol Cernak, Treasurer
70 Spring St S
South Salem NY 10590

thank you and welcome to the issdc