



ISSDC MEMBERSHIP APPLICATION

- Single Membership - \$30 annually
- Family Membership - \$40 annually
- Breeder/Stud Single Membership - \$40 annually
- Breeder/Stud Family Membership - \$50 annually
- Gift Membership - Gift Code: _____ Breeder: _____

Name:

Address:

City, State ZIP:

Home Phone:

Cell Phone:

Email:

For Family Memberships Only : List your Plus 1 Family Member and their immediate relationship to you and their email below.

Family Member:

Family Relationship:

Family Member eMail:

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

Additional comments:

Acknowledgements:

- Regular Mail Payment, I agree that my membership will be suspended in the event payment is not received in a timely manner.
- I agree to abide by the [Code of Ethics](#) of the ISSDC, Inc. [[read here](#)]
- I agree to abide by [the Constitution and Bylaws](#) of the ISSDC, Inc. [[read here](#)]

Signed: _____ | Date: _____

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

ISSDC-Membership Payment
c/o Jen Stanley, ISSDC Treasurer
13610 Tower Road
Thurmont MD 21788

thank you and welcome to the issdc