



SHETLAND SHEEPDOG CLUB OF NORTHERN NJ Membership Applications

Fill in, print and forward to
sscnnj@gmail.com

Date of Application _____

PERSONAL INFORMATION

Name: _____

Address: _____

Shelties Owned (#) _____

Phone Number: _____

E-Mail: _____

WEB site url:* _____

Kennel Name:* _____

*if applicable

Please indicate any activities you participate(d) in and any titles you have achieved:

Activity	(check)	Titles Achieved (if applicable)
Confirmation	_____	_____
Rally	_____	_____
Agility	_____	_____
Obedience	_____	_____
Herding	_____	_____
Pet Owner	_____	_____
Other	_____	_____

Why I wish to become a member of the Shetland Sheepdog Club of NNJ:

I can help the Shetland Sheepdog Club by:

Check	
<input type="checkbox"/>	Attending Meetings
<input type="checkbox"/>	Volunteering at Obedience or Confirmation Shows
<input type="checkbox"/>	Helping Membership
<input type="checkbox"/>	Suggesting Club Activities
<input type="checkbox"/>	Supporting Trophy Donations
<input type="checkbox"/>	Other (fill in)

By my signature below I agree to abide by the rules of the SSCNNJ as stated in the constitution, by-laws and code of ethics (available at: sscnnj.net)

Signature (can be digital)

Sponsored by: _____

Meetings Attended: _____

Date voted in: _____