



CSSA FANCIERS INC
operating as the
CANADIAN SHETLAND SHEEPDOG ASSOCIATION
APPLICATION FOR MEMBERSHIP

NAME: *(Please Print)* _____ SIGNATURE(S): _____
 FULL ADDRESS: _____ CKC #: _____
 PHONE NUMBER: _____ EMAIL ADDRESS: _____ TATTOO COMBINATION: _____
 KENNEL PREFIX: _____ WEBSITE: _____

HOW MANY YEARS ACTIVE/INVOLVED IN: BREEDING _____ EXHIBITNG _____ CONFORMATION _____ OBEDIENCE _____ OTHER _____
 PLEASE INDICATE THE TYPE OF MEMBERSHIP FOR WHICH YOU ARE APPLYING:

____ *REGULAR \$35.00 (MINIMUM 5 YEARS BREEDING or EXHIBITNG) _____ JUNIOR (INCLUDE AGE)
 ____ JOINT \$55.00 (INCLUDE NAME/SIGNATURE OF PARTNER) _____ ASSOCIATE \$35.00
 ____ CLUB AFFILIATE \$40.00 _____ FOREIGN \$35.00 (US FUNDS)

***A person applying for Regular Membership status and who meets the criteria stated above, will be granted Associate status for the first year of membership, after which time the applicant/member may apply to the CSSA for Full Member status.**

DECLARATION

As a result of the Freedom of Privacy legislation in Canada, the CSSA must have written consent of our members to have personal information such as names, addresses, e-mail addresses and telephone numbers. This written consent allows your personal information to be shared among other CSSA Fanciers Inc members who need this information for club business such as voting lists and Newsletter notifications. The membership list is for the use of members only and is never to be shared with or sold to non-member individuals or organizations.

I hereby give my consent for my name, address, e-mail address and telephone number to be collected and used as described above, and further agree to abide by the regulations and/or guidelines set forth in the Constitution and Bylaws of the Canadian Shetland Sheepdog Association.

Name, city, province/State, E-mail and website addresses (if applicable) ONLY to be published on the CSSA website Members Only section, unless you indicate otherwise. PUBLISH ____ DO NOT PUBLISH ____ (check one)

By completing the information below and by signing this application, I hereby give permission for my name and contact information to be collected and used as described above. I further agree to abide by the regulations/guidelines as set forth by the Bylaws of CSSA Fanciers Inc, and agree to abide by the CSSA Fanciers Inc Code of Conduct.

SPONSORSHIP

Applications for membership in the CSSA must be accompanied by sponsorship of two CSSA Regular members in good standing. The sponsors must have been personally acquainted with the applicant for not less than 12 months.

As a sponsor for the above named applicant I acknowledge that I am a Regular (voting) member of the CSSA and have known the applicant for at least 12 months.

First Sponsor Name: _____ CSSA #: _____ Signature: _____
 Second Sponsor Name: _____ CSSA #: _____ Signature: _____

Make cheque/money order payable to CSSA Fanciers Inc. and mail with application to:

Yvonne Halkow
 CSSA Membership Secretary
 RR #2
 Gwynne AB
 TOC 1L0
 OR ETRANSFER FUNDS TO THE CSSA TREASURER cssatreasurer1@gmail.com



willowglyn@gmail.com