



CSSA FANCIERS Inc
Operating as CANADIAN SHETLAND SHEEPDOG ASSOCIATION
APPLICATION FOR MEMBERSHIP

Name: (please print)
Phone Number:
Email address:

Full address:
CKC Number: **Tattoo Combination:**
Kennel Prefix: **Website:**

How many years active/involved in:

Breeding: **Exhibiting:** **Conformation:** **Performance:** **Other:**

Please indicate type of Membership applying for:

<input type="checkbox"/> Regular \$20.00	<input type="checkbox"/> Junior - Free (include age)
<input type="checkbox"/> Joint \$20.00 (include name/signature of partner)	<input type="checkbox"/> Foreign \$20.00 (payable in US funds)
<input type="checkbox"/> Club Affiliate \$20.00	

DECLARATION

As a result of the Privacy legislation in Canada, the CSSA must have written consent of all our members to have personal information of the members such as names, addresses, e-mail addresses and telephone numbers. This written consent allows for your personal information to be shared among the various members who need this information for Club business, such as voting lists and Newsletter mailings. The membership list is for the use of members and is never to be shared with or sold to other individuals or organizations. I hereby give permission for my name, address, e-mail address and telephone number to be collected and used as described above, and agree to abide by the regulations and/or guidelines set forth in the Constitution and By-Laws of the Canadian Shetland Sheepdog Association.

By completing the information below and by signing this application, I hereby give permission for my name, address, email address and telephone number to be collected and used as described above. I further agree to abide by the regulations/guidelines as set forth in the By-laws of the CSSA Fanciers Inc. and agree to abide by the Code of Ethics.

Signature: _____ **Date:** _____

SPONSORSHIP

Applications for Membership in the CSSA must be accompanied by Sponsorship of two Regular CSSA members in good standing. The Applicant must have been personally acquainted with the Sponsors for a period of at least 12 months.

As a Sponsor for the above named, I acknowledge that I am a CSSA member in good standing with the CSSA and have personally known the Applicant for at least one year.

First Sponsor's Name: _____ CSSA #: _____

Signature: _____

Second Sponsor's Name: _____ CSSA #: _____

Signature: _____

Make cheque/money order payable to CSSA and mail to:

CSSA Membership Secretary
Yvonne Halkow
RR # 2
Gwynne, Alberta T0C 1L0

Or email application to Yvonne Halkow at
willowglyn@gmail.com
And e-transfer fees to: cssatreasurer1@gmail.com

OFFICE USE ONLY