



CSSA FANCIERS Inc.

Operating as CANADIAN SHETLAND SHEEPDOG ASSOCIATION
MEMBERSHIP RENEWAL 2025

*(Please fill in all information and mail together
with your renewal fee to the address below)*

Please check applicable membership type:

- | | | |
|--|--|---|
| <input type="checkbox"/> Regular: \$20.00 | <input type="checkbox"/> Junior: No Charge | <input type="checkbox"/> Club affiliate: \$20.00 |
| <input type="checkbox"/> Joint: \$20.00 | <input type="checkbox"/> Life: No Charge | <input type="checkbox"/> Foreign: \$20.00 (<i>US funds</i>) |
| <input type="checkbox"/> Honorary: No Charge | | |

Any overpayment of fees will go towards fundraising for the next National Specialty show.

As a result of the Privacy Act legislation in Canada, the CSSA Fanciers Inc. must have the written consent of all members to hold personal information, such as names, addresses, e-mail addresses and telephone numbers. This written consent allows your personal information to be shared among the various members of the organization who may need this information for Club business. The membership list is for the use of members only, and is never to be shared with or sold to other individuals or organizations.

By completing the information below and by signing this application, I hereby give permission for my name, address, e-mail 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.

Name (please print): _____

CKC Membership #: _____ **CSSA Membership #:** _____

Mailing Address: _____

City/Town, Province/State: _____

Postal/Zip Code: _____ **Country:** _____

Phone number (include area code): _____

Email address: _____ **Website:** _____

Kennel Name: _____ **Tattoo Combination:** _____

Signature: _____ **Date:** _____

Renewal fees are due by December 31st of each year.

There will be a \$10.00 late fee if your renewal is received after December 31st and membership will lapse after February 28th requiring re-application as a new member.

Make **cheque/money order payable** to **CSSA**

and snail **mail** to:

Yvonne Halkow
CSSA Membership Secretary
R.R. #2 Gwynne, Alberta
TOC 1L0

OR

Send **e-transfer** to
the CSSA treasurer
cssatreasurer1@gmail.com

If using e-transfer, please include any updated changes to your information.