

Member Application to TRSSCGP



I hereby make application for membership in the Three Rivers Shetland Sheepdog Club of Greater Pittsburgh, Incorporated. If accepted by the membership, I agree to abide by their constitution and by-laws, the rules of the American Kennel Club, American Shetland Sheepdog Association and to conscientiously promote the best interest of Shetland Sheepdogs to the best of my abilities.

I clearly understand that memberships are based on the Club's Fiscal Year basis, and that dues are due and payable at the beginning of the fiscal year. Dues are payable at the time of application.

Make all checks payable to: Three Rivers Shetland Sheepdog Club of Greater Pittsburgh, Inc.

QUESTIONS

Type of Membership applied for:

Associate Membership _____ Dues Owed: _____ \$20.00
Full Membership: _____ Dues Owed: _____ \$30.00

Please Place an "X" in the respective membership type.

Please Print: Name: _____
Address: _____
City, State Zip: _____
Telephone: _____
Email: _____
Occupation: _____

Questionnaire must be completed before application can be processed.

1. Why are you interested in joining the Three Rivers Shetland Sheepdog Club of Greater Pittsburgh?

2. Number of years in Shetland Sheepdogs:

3. Number of Shetland Sheepdogs you own or co-own?
Males: _____ Females: _____ Neutered: _____
Number of litters bred or co-bred in the last five years _____
4. Do you consider yourself: Place an "X" in the respective box.
Pet Owner _____
Novice Exhibitor _____
Experienced Exhibitor _____
Breeder _____
5. Past or current membership in dog clubs:

6. Other hobbies or interests:

7. Dog publications subscribed to:

8. In which phase of work would you volunteer to help this Club?

- Hospitality: _____
- Advertising: _____
- Photography: _____
- Match / Seminar Committees _____
- Transportation / Set-Up _____
- Rescue _____
- Newsletter _____
- Other: _____

9 Do you sell to pet shops or commercial dealers for resale _____

If applying for Full Membership, you must have attended two meetings or one meeting and one activity. Please indicate those you have attended.

Number of Meetings: _____ Number of Activities: _____

Applicant's Signature _____ Date: _____

SPONSORS #1

Sponsor # 1 _____ Date: _____

I have been to the Applicant's residence: _____ (Initial)

I have not been to the Applicant's residence: _____ (Initial)

I am a: Full Member _____ Associate Member _____
Please Place an "X" in the respective membership type.

SPONSORS #2

Sponsor # 2 _____ Date: _____

I have been to the Applicant's residence: _____ (Initial)

I have not been to the Applicant's residence: _____ (Initial)

I am a: Full Member _____ Associate Member _____
Please Place an "X" in the respective membership type.

For application to Full Membership, both sponsors must be Full Members and one of them must visit your home/kennel.

For application to Associate Membership, one sponsor may be an Associate. One of the two sponsors must be a Full Member.

Mail completed application to Membership Chairperson:

Deborah Miller-Gurchak
105 Crest Drive
Canonsburg, PA 15317
Email: hollybush1@verizon.net
(724) 942-3134