

COLLIE CLUB OF AUSTIN

P.O. BOX 1039

LEANDER, TX 78646 512-515-5494

email: shertomkennels@sbcglobal.net

APPLICATION FOR MEMBERSHIP

Mail Completed Application To:
Sheryl McDonald, P.O. Box 1039, Leander, TX 78646

I (we) hereby make application for membership in the Collie Club of Austin. I (we) understand that memberships are based on the CURRENT CALENDAR YEAR; that dues are due and payable on March 1st of each year, and that my privileges and rights as a member commence from date of acceptance by vote of the membership of the Collie Club of Austin.

If accepted, I (we) agree to the best of my ability to abide by the Bylaws of the Club and the Code of Ethics of the Club and to promote the best interests of the Collie. Make checks payable to **Collie Club of Austin**.

Yearly dues are:	Single Membership	\$15.00
	Family Membership	\$20.00

MEMBERSHIP INFORMATION

NAME _____

ADDRESS _____

PHONE NO.: _____ Email Address: _____

OCCUPATION _____

HOW MANY COLLIES DO YOU OWN NOW? _____ WHY ARE YOU INTERESTED IN

COLLIES? _____

WHAT ARE YOUR PLANS FOR YOUR DOGS---(BREEDING, SHOWING, OBEDIENCE, HERDING, PET

THERAPY, ETC.) _____

HAVE YOU OBTAINED ANY TITLES ON YOUR COLLIES SO FAR? _____ IF SO, WHAT

ARE THEY? _____

WHAT SEXES, COLORS, VARIETIES (ROUGH OR SMOOTH), AND NAMES OF COLLIES DO YOU HAVE? _____

OFFICES HELD IN DOG CLUBS _____

HOBBIES OUTSIDE DOGS _____

IN WHAT AREAS WOULD YOU LIKE TO HELP IN THE CLUB? _____

APPLICANT'S SIGNATURE _____

SPOUSE'S SIGNATURE (IF JOINING) _____

APPLICANT (S) WILL BE SPONSORED BY TWO MEMBERS:

SPONSOR NO. 1 _____

SPONSOR NO. 2 _____