

UNITED WHITE SHEPHERD CLUB
MEMBERSHIP APPLICATION

Name: _____

Address: _____

City, ST, zip: _____

Email: _____

Phones: Home: _____

Work: _____

Cell: _____

Number of White Shepherds Currently Owned: _____

Are You a Breeder? Yes No

Desired Membership Type: Individual--\$20. Family--\$25.

The Club Membership is from January 1st to December 31st of each year. Applications received after October 31st will be effective starting January of the following Calendar year.

Notice: You do not have to be a United White Shepherd Club member to UKC register and exhibit your dogs, or to subscribe to *Bloodlines* magazine.

I/We agree to abide by the Constitution and Bylaws of the United White Shepherd Club and to do my/our part to ensure the preservation and advancement of the White Shepherd.

Member signature

family member signature (if applicable)

Print name as signed

print name as signed

Date

UNITED WHITE SHEPHERD CLUB MEMBERSHIP APPLICATION

Optional: The following questions will be part of the United White Shepherd Club's membership database. Please answer them as completely as you can and attach this questionnaire to your membership application form before returning it. The information will help club members to connect with individuals with common goals for their White Shepherds.
Thank-You in advance!!!!

Kennel Name: _____

Website Address: _____

Occupation: _____

Hobbies/Interests: _____

Goals for your White Shepherds: _____

Have you ever attended a UKC event? Yes No

If yes, please tell us about your experience: _____

Any other comments: _____

Tell us about your White Shepherds

If you've only 2 dogs or less, you'll only need to print out one full copy of this application/survey.

For your convenience, you may print out page 3 as many times as you need so you can list as many dogs as you need.

All you need to do is when you click to print, go to the "Page range" section, click on "Pages:" and enter page 3 only, and then the number of copies you will need.

UWSC Membership Questionnaire

Dog 1:

Registered Name: _____

Call Name: _____

Sire: _____

Dam: _____

Your dog's Breeder: _____

Date of Birth: ____ - ____ - ____ Sex: ___ Male ___ Female

Who is your dog registered with?

Please check all that apply

American Kennel Club United Kennel Club Canadian Kennel Club
 Rare Breed Club of South Western Ontario American Rare Breeds Association
 Other (please list) _____

OFA/PennHIP/other health clearances/certified (describe): _____

Titles or certificates earned: _____

Dog 2:

Registered Name: _____

Call Name: _____

Sire: _____

Dam: _____

Your dog's Breeder: _____

Date of Birth: ____ - ____ - ____ Sex: ___ Male ___ Female

Who is your dog registered with?

Please check all that apply

American Kennel Club United Kennel Club Canadian Kennel Club
 Rare Breed Club of South Western Ontario American Rare Breeds Association
 Other (please list) _____

OFA/PennHIP/other health clearances/certified (describe): _____

Titles or certificates earned: _____