



THE CENTRAL OHIO SHETLAND SHEEPDOG ASSOCIATION, INC.

MEMBERSHIP APPLICATION

All blanks must be filled in its entirety for the application to be processed.

Dues are payable January 1st of each year. Members joining after August 1st will be considered paid to the end of the following year (December 31st).

Single Membership: \$15.00

Family Membership (2 or more people): \$22.50

Junior Membership: \$7.50

DUES MUST ACCOMPLY THE APPLICATION

**APPLICANTS MUST BE PRESENT DURING A MEETING FOR THE FIRST READING OF THE APPLICATION TO BE HELD.**

Name(s) of Person/Persons applying \_\_\_\_\_

Date(s) Of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Please fill out the following questions to help us know you better:

1. How long have you owned a Sheltie? \_\_\_\_\_

2. Do you have a kennel name? \_\_\_\_\_

3. Do you exhibit in AKC Conformation or Performance events? \_\_\_\_\_

How many years? \_\_\_\_\_

4. Have you bred any litters? \_\_\_\_\_ What breeds? \_\_\_\_\_

5. List any current or past memberships in dog clubs and any offices held \_\_\_\_\_

6. Please give the reason you wish to belong to this Association? \_\_\_\_\_

7. Have you ever been suspended from the privileges of the American Kennel Club? \_\_\_\_\_ If so, please explain the circumstances on a second sheet of paper.

8. I heard about COSSA from \_\_\_\_\_

9. Please include any additional activities regarding your involvement in the dog world \_\_\_\_\_

10. Are there any special areas, committees or Offices you would like to serve on? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Are there any areas of expertise that you have that you would like to offer to the club? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Will you be able to attend one or more monthly meetings a year? Will you be able to be an active or inactive member of this club? \_\_\_\_\_

\_\_\_\_\_

I hereby apply for membership in the Central Ohio Shetland Sheepdog Association, Inc.  
By signing this application I agree to abide by the Constitution and By-Laws and the Code Of Ethics of COSSA and the rules of The American Kennel Club. (Copies may be obtained from the COSSA Secretary)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Junior Member Applicant Signature)

Two current COSSA Sponsor's signatures are required for the application to be processed.

1. \_\_\_\_\_  
(COSSA Member's Signature)

2. \_\_\_\_\_  
(COSSA Member's Signature)

PLEASE REMEMBER!

**APPLICANTS MUST BE PRESENT AT A MEETING  
FOR THE FIRST READING OF THIS APPLICATION TO BE HELD**