



Amt Pd: _____
Initiation Fee Pd. _____
Date _____

MEMBERSHIP APPLICATION

Siberian Husky Club of Greater Cleveland (SHCGC)

NAME _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____ CELL _____
Include Area Code

E-Mail address _____

SPOUSES NAME _____

OCCUPATIONS(S) _____

HOBBIES &/OR PERSONAL SKILLS _____

OTHER CLUB AFFILIATIONS, OFFICES HELD, ETC. _____

NUMBER OF SIBERIAN HUSKIES OWNED/CO-OWNED: MALES __ FEMALES __

AKC REGISTRATION NUMBER OR LITTER NUMBER _____

INTEREST AREAS: OBEDIENCE _____ CONFORMATION _____ SLEDDING _____
AGILITY _____ HEALTH AREAS _____ GOOD CITIZEN _____
THERAPY DOG _____ RESCUE _____ PET _____ GENERAL _____
ALL THE ABOVE _____

The Applicant(s) _____

Hereby, by signing this form, agree to abide by the Constitution and By-Laws and the Code of Ethics of the *SIBERIAN HUSKY CLUB OF GREATER CLEVELAND, INC*, and the rules of the *American Kennel Club*.

**Membership Dues for 1(one) year are \$18.00 per person
Or \$27.00 per couple, with an initiation fee of \$5.00 per person.**

Signature:
Please print name
Spouse Signature:
Please print name
Endorsed/Sponsored by (1)
Endorsed/Sponsored by (2)

Date Received by Secretary ___/___/___
First Reading to Membership ___/___/___
Date Acted upon by Membership ___/___/___
"Action" of Membership _____

***APPLICANT MUST ATTEND AT LEAST TWO MEETINGS,
OR HAVE PARTICIPATED IN TWO CLUB ACTIVITIES, PRIOR TO
BEING VOTED UPON***

For more information about joining the SHCGC
Contact: DONNA HANSEN
Dsh1958@hotmail.com