



Scottish Siberian Husky Club Membership application Form

Hon. Secretary
Ann Shaw
01292 590042

Hon. Treasurer
Fiona Fairley
01698 372807

Hon. Chairperson
Sharon Jones
01698 376930

Please complete and Print off Form and send to the Membership Secretary

Full Name (s)	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Phone Number	<input type="text"/>
email address	<input type="text"/>		<input type="checkbox"/> Do not Publish email
Affix	<input type="text"/>		
Membership	<input type="text"/>		

INTERESTS: Please tick which of these you are interested in.

Showing Working Obedience Agility

List an SSHC Member if you know one

Your details will be held on computer for distribution to SSHC members and mailing purposes only. Under the Data Protection Act we require your permission to do this. It is assumed this is acceptable to you unless you advise the Club otherwise.

The Committee would like to become more environmentally friendly and, at the same time, save wastage of members' funds by cutting down on unnecessary publishing and posting. Please indicate below whether you wish to receive any of the following:

Show Schedules Rally Brochure

Please return the completed form with the appropriate fee (cheques made payable to 'The Scottish Siberian Husky Club') to the Membership Secretary – Georgia Lawrence, 170 auchmead Rd, greenock . Renfrewshire. PA16 0JU

If you wish to make a donation towards the care of rescue Siberian Huskies, just include this with your cheque. Thank you.

Note: Your application will be submitted at the next committee meeting, please contact the Hon. Secretary for the date. Your membership will not be valid until you have been informed of the outcome. Please let Ian know if you change address or telephone number.

I confirm that the information I have given overleaf is correct to the best of my knowledge.
I agree to abide by the Constitution and Code of Ethics of the Club.

Signature (s) Date

IN ORDER TO COMPILE A RECORD OF MEMBERS' DOGS, WOULD YOU PLEASE ALSO FILL IN [THIS FORM](#) AND PROVIDE THE FOLLOWING INFORMATION (WHERE KNOWN) ABOUT YOUR DOGS. IF YOU NEED HELP WITH THIS PLEASE CONTACT THE SECRETARY.
THANK YOU.

IN ORDER TO COMPILE A RECORD OF MEMBERS' SIBERIAN HUSKIES, WOULD YOU PLEASE PROVIDE THE FOLLOWING INFORMATION (WHERE KNOWN) ABOUT YOUR DOGS. IF YOU NEED HELP WITH THIS PLEASE CONTACT THE SECRETARY. THANK YOU. IF NECESSARY PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

Registered Name Date of Birth

SEX Breeder

SIRE DAM

Coat Colour Eye Colour Hip Score

Date of last eye test **Tester: SHCGB Scheme/Other
If other please state who**

Results: PRIMARY GLAUCOMA CLEAR PREDISPOSED AFFECTED

HEREDITARY CATERACT CLEAR AFFECTED

PPM CLEAR AFFECTED

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