

SSDCA-SESSA
818 Law Lane
Mt. Pleasant, SC 29464

Shiloh Shepherd Dog Club of America



Southeast Chapter - SESSA

Membership Application
One-Year Membership

(Please print and send completed application form to the above address.)

Name: _____

Telephone Number: (____)____-_____

Street Address:

City:_____ State:_____ Zip_____

Email: _____

Kennel Name: _____

Do you own a Shiloh? _____

If yes, please indicate how many: DOG _____ BITCH _____

Registered Name: _____

Date of birth: _____

Sire: _____ Dam: _____

Do you plan on purchasing another Shiloh in the future? Yes/No_____

Do you plan on showing/breeding your Shiloh if he/she has all the quality requirements?

Yes/No_____

What other activities do you participate in with your Shiloh? (circle all that apply)

Agility Flyball Search and Rescue Obedience: Novice Open Utility

Therapy Schutzhund Herding

Other (please describe) _____

Please state your past experience in showing/breeding on the reverse of this application.

Are you a member of the SSDCA? _____ For how many years? _____

SSDCA Membership # _____

(All SSDCA-SESSA members must be members of the parent club, the Shiloh Shepherd Dog Club of America, Inc.)

If asked, would you be willing to function in any particular office or any committee, or is there any service for the chapter that you would like to perform?

With my signature,

_____ I agree to abide
by the

Constitution and by-laws of the SSDCA and, if a breeder, the Breeders Code of Ethics. All the information given above is correct to the best of my knowledge.

For Office Use Only

Date received: _____

Membership Dates: From: _____ / _____ / To: _____ / _____ / _____

SESSA-SSDCA Membership # _____