



SCOTTISH SIBERIAN HUSKY CLUB

Membership application Form

Hon. Secretary
Ms G. Lawrence
01475 716298

Hon Treasure
Mrs. C. Batt
01349 861835

Chairperson
Miss P. McArthur
01324 851252

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

[HTTP://SSHC.Website](http://sshc.website)

FULL NAME(S)			
ADDRESS			
POSTCODE			
TELEPHONE NO.		AFFIX	
E-MAIL ADDRESS (Publish – Yes / No)			

MEMBERSHIP TYPE: PLEASE TICK THE RELEVANT BOX(ES)

JOINT (£10) SINGLE (£8) JUNIOR (£4)

INTERESTS: SHOWING [] WORKING [] AGILITY [] OTHER

List an SSHC member
if you know any

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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)

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Date

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BY SIGNING THIS APPLICATION FORM YOU ARE AGREEING TO YOUR CONTACT DETAILS BEING HELD ON COMPUTER FOR MAILING PURPOSES RELATED TO CLUB BUSINESS ONLY.
UNDER THE GDPR AND DATA PROTECTION ACT 2018 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 whether you wish to receive the following by marking either a ✓ if you want it or an x if you don't in the box below:

Rally brochure

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Show Schedule

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Please return the completed form with the appropriate fee (cheques made payable to 'The Scottish Siberian Husky Club') to the Membership Secretary – Georgia Lappin Lawrence 170 Auchmead Road Greenock PA16 0JU 01475 716298. Or email to membership@sshc.website

If you wish to make a small donation towards the SSHC Welfare, please add this in a separate cheque made out to the SSHC Welfare. Thank you.

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

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, ON THE ABOVE NUMBER. THANK YOU.

DOG 1

Registered Name :

Date of Birth: Sex: Dog / Bitch 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 CATARACT	CLEAR / AFFECTED
	CONREAL DYSTROPHY	CLEAR / AFFECTED
	PPM	CLEAR / AFFECTED

DOG 2

Registered Name :

Date of Birth: Sex: Dog / Bitch 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 CATARACT	CLEAR / AFFECTED
	CONREAL DYSTROPHY	CLEAR / AFFECTED
	PPM	CLEAR / AFFECTED

DOG 3

Registered Name :

Date of Birth: Sex: Dog / Bitch 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 CATARACT	CLEAR / AFFECTED
	CONREAL DYSTROPHY	CLEAR / AFFECTED
	PPM	CLEAR / AFFECTED

IF NECESSARY PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER