

**INLAND EMPIRE COLLIE CLUB
MEMBERSHIP APPLICATION**

I hereby make application to the *INLAND EMPIRE COLLIE CLUB*. If accepted to membership, I agree to abide by the *CONSTITUTION AND BYLAWS* of the Club, the Club's *CODE OF ETHICS* (which I have read and understand), abide by the rules and regulations of the *AMERICAN KENNEL CLUB*, and conscientiously promote the best interests of the Club and the Breed to the best of my ability.

This form must be submitted in person to the Secretary at a regular Club meeting unless granted permission by the Board of Directors to do otherwise.

I apply for Regular Membership _____
I apply for a Family Membership _____
I apply for an Associate Membership _____
I apply for Junior Membership _____

Dues for a Regular Membership are \$12.50 per person per year.
Dues for a Family Membership are \$15.00 per family per year.
Dues for an Associate Membership are \$10.00 per person per year.
Dues for a Junior Membership are \$5.00 per person per year.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

HOME PHONE _____ ALTERNATE PHONE _____

OCCUPATION _____ EMPLOYER _____

Number years in the Breed _____ Number of dogs now owned _____

Interests: Companion Dog _____ Conformation _____ Breeder _____ Exhibitor _____
Performance Competition (list areas of interest) _____
Other _____

Membership in other dog clubs _____

Offices held in other dog clubs _____

Do you supply dogs to wholesale or retail outlet stores? _____ Are you willing to actively participate in Club activities? _____ Hold office? _____ Have your AKC privileges ever been denied/revoked? _____
(If yes, please describe details on a separate sheet of paper.)

In accordance with COLLIE CLUB OF AMERICA membership policy, "Dealers who sell dogs to commercial outlets will not be considered for membership."

APPLICANT'S SIGNATURE _____ DATE _____

SPONSOR'S SIGNATURE _____ DATE _____

SPONSOR'S SIGNATURE _____ DATE _____

Return to Allison Seeber, club secretary: seeber.allison@gmail.com

ACTION BY IECC: ACCEPTED _____ DENIED _____ DATE _____
