

TWIN CITIES OLD ENGLISH SHEEPDOG CLUB, INC. (TCOESC) MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____
Street City State ZIP

PHONE# _____ EMAIL: _____ How

many years have you owned Old English Sheepdogs? _____ Registered

name (s) of dog (s) _____ Breeder (s) of the

above dog (s) _____

Name of kennel if you are a breeder _____

Have your dogs been x-rayed for Hip Dysphasia? _____

If you own a bitch, has she produced a litter? _____

If you own a male, has he been used at stud? _____

Are you a member of the Old English Sheepdog Club of America? _____

Have you shown either your present dog or any other dog? _____

Have you shown or attended any obedience classes? _____

Have you entered in agility or herding shows or trials? _____

I hereby agree to abide by the Twin Cities Old English Sheepdog Club's Constitution, By-Laws and the rules of the American Kennel Club. I have read and I understand the Code of Ethics that will govern my activities as a member of the TCOESC.

(Applicants Signature) (Date)

(Applicants Signature) (Date)

I hereby endorse the above named applicant (s)

(Members Signature) (Date)

(Members Signature) (Date)

Application and membership fee should be returned to: Diane Edison 15990 Crooked Lake Road, Deerwood, MN 56444.