



# ICELANDIC SHEEPDOG ASSOCIATION OF AMERICA (ISAA)

## Membership Application

NEW     EXPIRED     JUNIOR

Membership is from January to December. Memberships must be approved by the Board prior to the Election Notification Date sent to the Membership, which generally occurs between August 3 and September 1. Memberships approved by the Board after September 1 shall begin on January 1 of the subsequent year.

### Name (please print)

*If Junior Member under 18, include DOB*

\_\_\_\_\_

### Street Address

\_\_\_\_\_

### City, State, Zip

\_\_\_\_\_

### Phone Number

\_\_\_\_\_

### Email Address

\_\_\_\_\_

### Kennel Name (if applicable)

\_\_\_\_\_

### Website

\_\_\_\_\_

### Membership Type

- Regular Membership, 1 vote: **\$35.00.**
- Foreign Membership, non-voting: **\$20.00**
- Junior Membership, non-voting: **\$10.00.** ISAA Sponsor's Name: \_\_\_\_\_  
*Junior members must reside in the same household as their sponsor. Sponsor may be either a Regular or Foreign member.*

### Do You Wish to Donate Additional Funds to Any Special Causes?

Health/genetics: \$\_\_\_\_\_ Judges Education: \$\_\_\_\_\_ Education: \$\_\_\_\_\_ General Club Fund: \$\_\_\_\_\_

Yes  No Do You Currently Own AKC Registered Dogs? Breeds: \_\_\_\_\_  
If yes, please tell us about your dogs (attach additional pages to this application).

Yes  No Have you bred and registered AKC litters (any breed) within the last three (3) years? If Yes, please list breeds:  
\_\_\_\_\_

Yes  No Do you currently breed Icelandic Sheepdogs? Kennel Name: \_\_\_\_\_

Yes  No Have you exhibited at AKC events within the last two (2) year? If yes, please list event types.  
\_\_\_\_\_

Yes  No If you do not currently own an Icelandic Sheepdog, have you owned one in the past?

Yes  No If you do not currently own an Icelandic Sheepdog, do you plan on getting a dog in the future?  
If yes, what is your time frame? \_\_\_\_\_  
How did you learn about Icelandic Sheepdogs? \_\_\_\_\_

Yes  No Are you an AKC approved judge? If yes, please list all venues that apply.  
\_\_\_\_\_

Yes  No Do you have any skills that could benefit ISAA? If yes, please list:  
\_\_\_\_\_

Yes  No Have you ever been suspended by the AKC, ISAA or an established dog club? If yes, please attach an explanation, including suspension dates.

Yes  No Do you belong to any other dog clubs? If yes, list club names and office(s) held (past or present) if applicable.  
\_\_\_\_\_



# ICELANDIC SHEEPDOG ASSOCIATION OF AMERICA (ISAA)

## Membership Application

NEW     EXPIRED     JUNIOR

Please explain why you would like to become a member of the Icelandic Sheepdog Association of America.

---

---

---

---

---

As a member of the Icelandic Sheepdog Association of America, Inc. (ISAA, Inc.), I agree to abide by the ISAA Constitution & Bylaws, Member Code of Conduct, Breeder Code of Conduct and all other policies and procedures and any that may be subsequently added, modified and/or amended by the Officers, Directors, and Members of the ISAA, Inc.

### New Member, Expired Member, Junior Member Signature(s):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### New Membership Sponsors (2 Required)

We, the undersigned Sponsors, affirm that we are current ISAA members in good standing who reside in separate households from the applicant; and that we are not immediate family (spouse, parents, son, daughter, siblings, in-laws of the applicant. We also can attest to the integrity of the applicant and that this application is true and correct to the best of our knowledge. (Please print). Sponsors must provide a written description of why the applicant should be considered for membership.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### Junior Membership Sponsor (1 Required)

I, the undersigned Sponsor of the Junior Membership applicant, affirm that I am a current ISAA member in good standing that resides in the same household as the Junior applicant.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### NOTE

NEW Membership applicants, please attach a brief biography to this form to be published to the ISAA Membership.

Make checks or money orders payable in US funds to ISAA. Please return completed application and check to:

ISAA  
c/o Judi Vittetoe, Treasurer  
24417 E. Rosewood  
Newman Lake, WA 99025