



ICELANDIC SHEEPDOG ASSOCIATION OF AMERICA (ISAA)

Invitation to Join/ Re-new Membership Application *(please print)*

New member **Renewal**

for office use only:
ISAA member number _____
Renewal date _____

Membership is from January to December. After September 1, membership will begin in the following January.

Name: _____

By checking this box you **are** authorizing the ISAA BOD to share your personal information with other ISAA members. If you wish to keep you personal information private, please leave the box unchecked. Members may contact the ISAA Board of Directors at isaabod@gmail.com for specific information to network with those individuals who wish to keep their information private.

Junior Member under 18 (list date of birth): _____

Your Kennel Name (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Phone: (_____) _____ **E-mail Address:** _____

Website: _____

1st Dog's Name: _____ **Date of Birth:** _____ **Spayed/Neutered:** Y/N

2nd Dog's Name: _____ **Date of Birth:** _____ **Spayed/Neutered:** Y/N

3rd Dog's Name: _____ **Date of Birth:** _____ **Spayed/Neutered:** Y/N

List any additional dogs on the back of this application form.

If you do not currently own an Icelandic Sheepdog, have you owned one in the past? Y/N If you do not currently own an Icelandic Sheepdog, do you plan on getting a dog in the future? Y/N What is your time frame? _____
If not a current owner, how did you hear about Icelandic Sheepdogs? _____

Please tell us if you plan to or have participated in any of the following activities with your dog(s)

Agility Conformation Herding Obedience Rally Therapy Tracking Other _____

As a member of the Icelandic Sheepdog Association of America, Inc. (ISAA, Inc.), I/we agree to abide by the By-Laws and all other Policies and Procedures of the ISAA, Inc. in force at the date of application and as may be subsequently modified and/or amended by the officers, Directors, and Members of the ISAA, Inc.

Signature: _____ **Date:** _____

Annual Dues - Regular Membership (1 vote) \$35

Annual Dues - Foreign Membership (Non-US Resident) non-voting \$20

Do you wish to donate additional funds to any special club causes? Health/Genetics \$ _____

Judges Education \$ _____, **Education \$** _____, **General Club Fund: \$** _____

Make checks or money orders payable in US funds to **ISAA**. Please return completed application and check to:
ISAA, c/o Judi Vittetoe, 24417 E. Rosewood, Newman Lake, WA 99025