



## SCOTTISH SIBERIAN HUSKY CLUB

### Membership application Form

Hon. Secretary  
Ann Shaw  
01292 590042

Hon. Treasurer  
Fiona Fairley  
01698 372807

Hon. Chairperson  
Sharon Jones  
01698 376930

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

<http://scottishshc.org.uk>

FULL NAME(S)			
ADDRESS			
POSTCODE		TELEPHONE NO.	
EMAIL (Published? – Yes / No)			
AFFIX			

**MEMBERSHIP TYPE: PLEASE TICK THE RELEVANT BOX(ES)**

JOINT (£15) [ ]      SINGLE (£12) [ ]      JUNIOR (£2) [ ]

INTERESTS: SHOWING [ ]      WORKING [ ]      OBEDIENCE [ ]      AGILITY [ ]

List an SSHC member if you know any

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)	
Date	

Your details will be held on computer for distribution to SSHC members and mailing purposes only. Under the Data Protection Act 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 below whether you wish to receive any of the following:

Show schedules

Rally brochure

Please return the completed form with the appropriate fee (cheques made payable to 'The Scottish Siberian Husky Club') to the Membership Secretary – Ian Addison, 26 Whitehead Grove, South Queensferry, EH30 9JW

*If you wish to make a donation towards the care of rescue Siberian Huskies, just include this with your cheque. Thank you.*

**Note:** Your application will be submitted at the next committee meeting, please contact the Hon. Secretary for the date. Your membership will not be valid until you have been informed of the outcome. Please let Ian 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. 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