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| Picture1.png | **GSDCC Inc. APPLICATION FOR** **ASSOCIATE MEMBERSHIP** **FORMULE D’ADHESION DE MEMBRE ASSOCIÉ DE GSDCC Inc.** |

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| NAME/NOM: |
| NAME/NOM: |
| KENNEL/CHENIL: |
| ADDRESS/E: City/Ville - Province |
| POSTAL CODE/CODE POSTAL: | TELEPHONE: | FAX |
| \*EMAIL: |
| \*By entering your email address, you agree to receive GSDCC Inc. Gazette e-newsletter and other information. You may unsubscribe at anytime. *En entrant votre courrier électronique, vous acceptez de recevoir le bulletin électronique GSDCC Inc. Gazette et d'autres informations de temps à autre. Vous pouvez vous désinscrire à n'importe quel moment* \* |
| Do you own a registered or registerable GSD? Do you breed or plan to breed your GSD?*Etes-vous proprietaire d’un Berger Allemand enregistrie ou enregistrable?* |
| Are you a member of the CKC? *Etes-vous membre du CKC?*  | If yes/ si oui CKC/CCC# |
| Are you a member of any other dog club?*Etes-vous membre de d’autres clubs canin?* | If yes please list here*Si oui, veuillez insérer ici* |
| If accepted as an Associate Member, I agree to uphold the Constitution and By-Laws of the German Shepherd Dog Club of Canada Inc. I understand that, according to the Constitution of the German Shepherd Dog Club of Canada Inc., I am not eligible to vote or hold a position on the Board of Directors as an Associate Member.Si j'accepte en tant que membre associé, je respecterai la constitution et les règlements du Club des chiens de berger allemand du Canada Inc. Je sais également que, selon la constitution, je ne suis pas admissible à voter ou à siéger au conseil d'administration en tant que un membre associé.**DATE: SIGNATURE:** |
| **Send Payment made payable to the GSDCC Inc. To Membership Chair**:Molly Snider, 55233 Light Line, R.R#1, Vienna, On NOJ 1Z0.Canada: (519) 866-3257USA: (409) 658-6912 bokenkampgsd1@aol.comOR**Make payment through the GSDCC Online Store at**: https://www.gsdcc.ca/gsdcc-storeCredit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date: \_\_\_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_\_\_\_\_ Postal/ZIP Code \_\_\_\_\_\_\_\_\_\_\_Cardholder Name: (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cardholder Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authorized Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Associate Membership FEE/COUT****:*** $25.00**MEMBERSHIP FEE INCLUDES THE GAZETTE E-NEWSLETTER** |