



SWISSY CLUB OF NEW ENGLAND

Application for Membership

Mission Statement

We, the Swissy Club of New England, are committed to protecting and preserving the Greater Swiss Mountain Dog through ethical breeding practices, rescue intervention, and show & working events open to all purebred Swissies. Furthermore, we seek to promote camaraderie by providing information and education, encouraging responsible pet ownership, and offering regular social events for our dogs and for ourselves.

Member Information

Name _____
Address _____
City, State, ZIP _____
Phone _____
email _____

Dog Information

Please note that having a Swissy is not a requirement for membership

Reg. Name _____
Call Name _____
Sex Male Female
Date of Birth _____
- please include others on back -

Please denote the areas of interest in which you are or would like to be involved:

- | | | | | | |
|-----------------------------|--|-----------------------------|--|-----------------------------|---|
| <input type="checkbox"/> am | <input type="checkbox"/> would like to | <input type="checkbox"/> am | <input type="checkbox"/> would like to | <input type="checkbox"/> am | <input type="checkbox"/> would like to |
| <input type="checkbox"/> | <input type="checkbox"/> Agility | <input type="checkbox"/> | <input type="checkbox"/> Conformation | <input type="checkbox"/> | <input type="checkbox"/> Drafting |
| <input type="checkbox"/> | <input type="checkbox"/> Herding | <input type="checkbox"/> | <input type="checkbox"/> Obedience | <input type="checkbox"/> | <input type="checkbox"/> Packing |
| <input type="checkbox"/> | <input type="checkbox"/> Therapy | <input type="checkbox"/> | <input type="checkbox"/> Tracking | <input type="checkbox"/> | <input type="checkbox"/> Weight Pulling |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> Other (please specify) |
| | | | | | _____ |

If currently involved, may we refer others to you for information and guidance? Yes No

Please indicate the areas in which you would like to help SCONE, if applicable:

- | | | |
|---|---|---|
| <input type="checkbox"/> Fundraising / PR | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Website creation / maintenance |
| <input type="checkbox"/> NE Rescue | <input type="checkbox"/> Membership | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Hold Office | <input type="checkbox"/> Shows/Matches/Trials | _____ |
| <i>If so, which?</i> _____ | | _____ |

Comments / Feedback

Type of Membership

Please note that full membership is reserved for those who share or have shared their lives with one or more Swissies.

- Associate \$15 non-voting membership
- Single \$20 full membership for 1 member
- Family \$30 full membership for 2 or more members per household

_____ signature _____ date

Please return completed form with payment (payable to SCONE) to: Nancy Anderson 34B Hidden Meadows Lane Eliot, ME 03903