

Crooked River Swissy Club Membership Application/Renewal



The mission of the Crooked River Swissy Club, LLC (CRSC) is multi-faceted. We want to provide a social structure, casual and relaxed in nature, by which our members and their Swissies can come together for events focusing on the fun-filled and working aspects of the breed. We want to provide a support system, enabling our members to feel comfortable seeking help in times of need. We want to educate potential puppy buyers about Swissy temperament and type, as well as health concerns, to better insure happy futures for the puppies.

CRSC encompasses the geographical boundaries of Ohio, Michigan, Indiana, Kentucky, West Virginia and western Pennsylvania. If you live in these areas, you will be a Full Member with voting privileges and be eligible for Club office.

If you own a Swissy, but live outside the geographical boundaries, you will be a Subscription Member. The Subscription Membership will not grant voting privileges.

Individuals who do not own Swissies, and who want to be Associate Members of the CRSC, must show intent to either own a GSMD or pledge to promote and protect the welfare and working heritage of our breed.

Make your check payable to the Crooked River Swissy Club. Please mail the application and check to the Membership Chairperson. Dues are annual, and will be paid no later than July 1st each year.

Mail to: Lesley Fisher, 519 Brevoort Road, Columbus, OH 43214, fisher.68@osu.edu, (614)268-0303

I am enclosing \$_____. Check one:

_____ Single Full Membership: \$20

_____ Full Membership for two people in a household: \$40

_____ Subscription Membership (lives outside our geographic region): \$20 per household

_____ Associate Membership (does not yet own a Swissy): \$20 per person

Name: _____

Second Member Name: _____

Address: _____ City/ State: _____ Zip: _____

Home Phone: _____ Cell phone (optional): _____ 2nd Cell Phone: _____

e-mail: _____ 2nd e-mail: _____

DOGS OWNED BY YOU / YOUR FAMILY:

Registered Name (include titles): _____

Call Name: _____ DOB: _____ Breed: _____

Registered Name (include titles): _____

Call Name: _____ DOB: _____ Breed: _____

If you own more than two dogs, please attach a sheet of paper with information about the additional dogs. On a separate sheet of paper, please list the interests you have with your dogs, as well as the activities you participate in with them.

☐ I would like my name and email excluded from the membership roster on the CRSC website

I (We) agree to abide by the Constitution and Bylaws of this Club and the rules of the American Kennel Club.

Signature: _____ Date: _____

Signature: _____ Date: _____

Top 3 things you would like to gain from your involvement in the CRSC or see the Club offer/ organize:

1) _____

2) _____

3) _____