



Sheltie Rescue Membership Application

Name:

Address:

City: State: Zip Code:

Phone: E-mail address:

Cell Phone: Occupation:

Place of Employment:

Do you currently or have you owned a sheltie before?

Indicate the ways in which you would be willing to help Sheltie Rescue. (Please check as many as you like.)

- | | |
|---|--|
| <input type="checkbox"/> Serve on Committee. | <input type="checkbox"/> Assist Financially. |
| <input type="checkbox"/> Provide Transportation. | <input type="checkbox"/> Fundraising. |
| <input type="checkbox"/> Provide socialization training | <input type="checkbox"/> Website assistance. |
| <input type="checkbox"/> Provide foster home. | <input type="checkbox"/> Serve as an officier. |
| <input type="checkbox"/> Help publicize the program. | <input type="checkbox"/> Other. |

Why are you interested in joining Sheltie Rescue?

Other information that would be helpful to Sheltie Rescue:

Recommended for Sheltie Rescue membership by?
Two names of current members please!

Make check in the amount of \$10.00 payable to Sheltie Rescue of Central Indiana.
Mail to : Member Applications, Julie Calloway, 25885 County Rd. 6, East Elkhart, IN 46514.