



UNITED SLOUGHI ASSOCIATION

P.O. Box 1232, Saint Charles, Illinois 60175
Phone: 708.612.3647 Fax: 630.584.0949
www.sloughi-usa.com

APPLICATION FOR MEMBERSHIP

Name(s): _____ Email: _____

Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

No. of Sloughis owned (total, both past and present): Males: _____ Females: _____

Sloughis Acquired from: _____

American Bred

Imported (Circle all that apply.)

Other dogs owned: _____

Have you ever been convicted of any charge involving an animal? YES NO

Applicant(s) Occupation: _____

I (we) wish to join USA because: _____

Other Kennel Clubs and Dog Affiliations: _____

I (we) are interested in (circle one): SINGLE MEMBERSHIP (\$10) FAMILY MEMBERSHIP (\$18) JUNIOR MEMBERSHIP (\$8)

I (we) agree to abide by the United Sloughi Association Code of Ethics. I (we) have reviewed USA's Code of Ethics and agree to abide by same. I (we) am/are at least 18 years of age.

Signature of Applicant

Date

Signature of Applicant

Date

In order to become a USA member, all applicants must be sponsored by two USA members from different households. If you do not know a USA member to sponsor you, please indicate "unknown" below, and USA will assist you.

USA Sponsor: _____

USA Sponsor: _____

This form may be mailed to: USA, P.O. Box1232, Saint Charles, IL 60175
Or emailed to: usa@sloughi-usa.com Or faxed to: 630.584.0949