



WEST COAST AUSTRALIAN SHEPHERD ASSOCIATION

APPLICATION FOR MEMBERSHIP

DATE: _____ YEAR _____

NAME(S) desired on Membership Card(s) _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

\$10.00 Single Membership (one vote)

\$12.00 Family Membership (two votes)

NEW RENEWAL

ALL MEMBERSHIPS, NEW OR RENEWAL, ARE DUE NOVEMBER 1ST. Please make CHECK or MONEY ORDER payable to WCASA and mail to:

MEMBERSHIP CHAIR: Jeanne Mastick: 6721 Chadbourne Ave Riverside, CA 92505-2047

I (we) the applicant(s), agree(s) to abide by the constitution, bylaws, rules, regulations, code of ethics, and rules for resolution of disputes of both WCASA and ASCA.

SIGNED _____

SIGNED _____

OPTIONAL/PLEASE CHECK INTERESTS BELOW:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Conformation | <input type="checkbox"/> Helping at Shows |
| <input type="checkbox"/> Obedience | <input type="checkbox"/> Other Interests |
| <input type="checkbox"/> Stockdog | |
| <input type="checkbox"/> Agility | |