

WORKING AUSTRALIAN SHEPHERD CLUB OF NEVADA

Membership Application

Name: _____

Mailing Address: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Best time to call: _____

E-Mail: _____

Single Membership (\$20/ year) _____ Couple/ Family Membership (\$25/year) _____

Associate Membership (\$10./ year) _____

Due on Jan. 1st Make check payable to: WASCON

Pd. by Check _____ Cash _____ Received by: _____

I am aware of and agree to abide by the constitution, by-laws, registry rules, regulations and all program rules, code of ethics, and dispute resolution rules of both ASCA and the Working Australian Shepherd Club of Nevada.

Signature _____ Date: _____

Signature _____ Date: _____

Mail Application to: Sylvia Arnett
2269 Magpie Lane
Gardnerville, NV 89410