

For the YEAR of: _____

WORKING AUSTRALIAN SHEPHERD CLUB OF NEVADA

Membership Application

Name: _____

Mailing Address: _____

Phone Number: Home _____ Cell _____

Email: _____ Please write clearly!

Check here if any changes from previous application information.

Single Membership \$20 yr. _____ Family \$25 yr. _____ Associate Member \$10 yr. _____

Due on January 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: Valerie McKeever
981 Fairway Drive
Gardnerville, NV 89460

email: vamckeeper@aol.com

Visit our Website at WASCON.NET