

YEAR 2018

WORKING AUSTRALIAN SHEPHERD CLUB OF NEVADA

Membership Application

Name: _____

Mailing Address: _____

Phone Number: Home _____ Cell _____

Email: _____

Check here if any changes from previous application information.

Single Membership (\$20 yr.) _____ Couple/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: Sylvia Arnett
2269 Magpie Lane
Gardnerville NV 89410

sylviaarnett@hughes.net