



Western Washington Australian Shepherd Association (WWASA) Membership Application

Please print, fill out this form, and return this form with your payment. Payments can be sent via a PayPal to WWASA Treasurer (wwasatreasurer@gmail.com). Checks should be made **payable to the WWASA**. To email an application for prospective member(s), send to: wwasasecretary@gmail.com or send via mail to WWASA Secretary, 2825 Milton Way, Box #172, Milton, WA 98354. Remember to include any donations and note areas of interest below. In accordance with our by-laws, your dues shall be **delinquent** if renewal is **not received prior to February 1st**.

Please check the applicable boxes:

New Member or Renewal and I will be paying by PayPal or check

Name: _____ Email: _____

Occupation: _____

Dual Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Annual Dues are as follows:

Regular Membership (\$15.00 – 1 vote; WA, OR, ID)	\$ _____
Dual Membership (\$20.00 – 2 votes; WA, OR, ID)	\$ _____
Associate Membership (\$15.00 – no vote; reside outside WA, OR, ID)	\$ _____
Junior Membership (no fee – no vote)	\$ _____
Junior date of birth: _____	
Trophy Donation	\$ _____
Total enclosed amount	\$ _____

Are you a USASA Member Yes No

When answering the next question, check all that apply. Please refer to AKC's definitions: **B** = Bred and registered litters within the last three years; **E** = Exhibited at AKC approved events within the last two years Indicate competition type (CONF, OB, RLY, AG, FT, HT, LC, ED, TK, HE, SW); **DO** = Owns a registrable purebred dog(s), but **not** actively breeding, exhibiting or judging.

Breeder Exhibitor Dog Owner

I am interested/willing to participate in the following club activities. (Place a **V** mark for each selection).

<input type="checkbox"/> Conformation	<input type="checkbox"/> Handling Class	<input type="checkbox"/> Fundraisers	<input type="checkbox"/> Clinics/Seminars
<input type="checkbox"/> Agility	<input type="checkbox"/> Obedience/Rally	<input type="checkbox"/> Workshops	<input type="checkbox"/> Committees

By signing I agree to abide by the Constitution and By Laws of the Western Washington Australian Shepherd Association.

Applicant Name, Print and Sign

Date

Dual Applicant Name, Print and Sign

Date