



## 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](mailto:wwasatreasurer@gmail.com)). Checks should be made **payable to the WWASA**. To email an application for prospective member(s), send to: [wwasasecretary@gmail.com](mailto: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 1<sup>st</sup>**.

**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).

\_\_\_\_ Conformation      \_\_\_\_ Handling Class      \_\_\_\_ Fundraisers      \_\_\_\_ Clinics/Seminars  
\_\_\_\_ Agility      \_\_\_\_ Obedience/Rally      \_\_\_\_ Workshops      \_\_\_\_ 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 \_\_\_\_\_