



Western Washington Australian Shepherd Association (WWASA) Membership Application

Mail to: WWASA Secretary c/o Kasey Halma, 1816 177th Avenue NE, Snohomish, WA 98290

Please print, fill out this form, and return this form with your payment. Payments can be sent via a check or using PayPal. Checks should be made **payable to the WWASA** and **mailed to** WWASA Secretary c/o Kasey Halma, 1816 177th Avenue NE, Snohomish, WA 98290. If you are **paying via PayPal**, send to WWASAtreasurer@hotmail.com. Remember to include any donations and 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 check or PayPal

Name: _____ Email: _____

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	\$ _____
Breeder referral list annual dues (\$20.00)	\$ _____
Stud dog listing annual dues (\$5.00)	\$ _____
Total enclosed amount	\$ _____

Are you a USASA Member Yes No

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.

Name Print/Signature _____
Date

Dual Name Print/Signature _____
Date

Member Signature _____
Date

Member Signature _____
Date