



SANTA CLARITA VALLEY AUSTRALIAN SHEPHERD CLUB

An Affiliate of Santa Clarita Dog Agility Club

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City/State/Zip: _____

Cell Number: _____

Email: _____

1st Dog's Name: _____ 2nd Dog's Name: _____ 3rd Dog's Name: _____

Breed: _____ Breed: _____ Breed: _____

Age, Gender: _____ Age, Gender: _____ Age, Gender: _____

If there are more than 3 dogs, please submit 2nd page.

Yearly Membership Fee: \$45.00 Family: \$80.00

Your Membership is one year from the date your payment is received.

Club Benefits:

\$10 off total Entry fee for SCVASC Agility Trials; \$5 off each additional dog entered

Do you plan to show your dog in the future? Yes _____ No _____

ASCA Membership number if applicable: _____

Do you want to be part of making our club the best it can be? We need you!

Would you be interested in volunteering at our trials and events? Yes _____ No _____

I agree to abide by the Santa Clarita Valley Australian Shepherd Club bylaws.

Please make checks payable to SCVASC.

Zelle: scvascclub@gmail.com

Email form to above or Mail completed form with payment to: SCVASC

16654 Soledad Cyn. Rd #519

Canyon Country, CA 91387

Member Signature: _____ Date: _____

OFFICE USE ONLY

Membership Date: _____ Membership Number: _____

Check Number/Amt: _____ Check date: _____

Officer's Signature: _____ Date: _____