



# 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 2<sup>nd</sup> 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: scvasclub@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: \_\_\_\_\_