

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Email:

Current address:

City:

State:

ZIP Code:

TYPE OF MEMBERSHIP (SELECT ONE)

Electronic Family (\$12)

Electronic Single (\$10)

ASCA Membership No.

Additional Family members:

Junior:

DOB

ARE YOU REGISTERED WITH (CHECK ALL THAT APPLY)

ASCA

AKC

UKC

IESR

SKC

ARE YOU INTEREST IN (CHECK ALL THAT APPLY)

Conformation

Herding

Agility

Obedience/Rally

Tracking

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership)*:

Date: