



**THE AUSTRALIAN SHEPHERD ASSOCIATION OF NSW INC**

(Affiliated with Dogs NSW)

*Enjoying & Promoting the Australian Shepherd in NSW*

**MEMBERSHIP APPLICATION**

Membership Renewal       New Membership Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

ANKC Affiliate Membership No: \_\_\_\_\_ Prefix: \_\_\_\_\_

**Areas of Interest:**

- |  |                                    |  |                                    |  |
|--|------------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> Conformation                | <input type="checkbox"/> Breeding  | <input type="checkbox"/> Grooming        | <input type="checkbox"/> Obedience | <input type="checkbox"/> Rally O       |
| <input type="checkbox"/> Agility                     | <input type="checkbox"/> Herding   | <input type="checkbox"/> Tracking        | <input type="checkbox"/> Flyball   | <input type="checkbox"/> Endurance     |
| <input type="checkbox"/> Rescue                      | <input type="checkbox"/> Companion | <input type="checkbox"/> Aussie Fun Days | <input type="checkbox"/> Therapy   | <input type="checkbox"/> Doggy Dancing |
| <input type="checkbox"/> Other (please list):- _____ |                                    |  |                                    |  |

I/We hereby apply to become a member of the Australian Shepherd Association of NSW Inc and in consideration of your acceptance of my/our application I/we hereby agree to observe, perform and in all respects to conform to and be bound by its constitution and rules as amended.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Membership Fees: (includes newsletter via Email)</b>		
Nominate a Donation amount to the rescue fund	\$ _____	<input type="checkbox"/>
Joining Fee (New Members)	\$ 5.00	<input type="checkbox"/>
Single	\$20.00	<input type="checkbox"/>
Junior / Single Concession Membership ( <b>Copy Required</b> )	\$10.00	<input type="checkbox"/>
Dual / Family Membership	\$30.00	<input type="checkbox"/>
Web Page Breeder List (Annual July to June)	\$ 5.00	<input type="checkbox"/>
<b>Newsletter sent by Post in Australia</b>	<b>\$10.00</b>	<input type="checkbox"/>
<b>Newsletter sent by Post Overseas</b>	<b>\$15.00</b>	<input type="checkbox"/>
<b>TOTAL:</b>	<b>\$ _____</b>	
<i>Memberships are renewed yearly and run from 1<sup>st</sup> July to 30<sup>th</sup> June Annually. Payment must accompany application.</i>		

*Cheque Remittance in favour of "The Australian Shepherd Association of NSW Inc"*

or EFT to BSB 062-164 ACN 1041 5391 **(Clearly state FULL NAME)**

**Memberships to be sent to The Secretary: Millissa Fox, 185 Grose Road FAULCONBRIDGE NSW 2776**

**or asaofnsw@gmail.com (email Remittance and this Form)**

Dogs Registered Name	Pet Name	DOB	Sex	Colour
		/ /		
		/ /		
		/ /		

<b>OFFICE USE ONLY</b>			
Date Received:	/ /	Amount \$	Receipt Number:
Concession Number:			