

Rock River Valley Australian Shepherd Club Membership

Name:				
Address:				
City:	State:	Zip:		
Phone:	e-mail:			
Kennel Name:				
Web site URL: Check here if you would like your site linked to to sites deemed inappropriate or against the ASCA a			d. RRVASC reserve	s the right to refuse links
Type of Membership: Individual: Single membership. 1 vote. Must be 18 Family: Any person & resident members of their in Voting privileges for 2 adults. Please list names of both voting members as well as Junior: Any person under age 18 not included under	nmediate family names and birth	\square \$20.00 a dates of all Juniors		on-voting membership.
Please check areas of interest: Stock Confe	ormation Db	edience Agility	☐Tracking ☐Ra	lly
Other				
I would be willing to help the club in the following	g ways:			
□Board Position □Serve on committee □Help □Other □		•		
I				
promote the Australian Shepherd as an all-around	0 0	•	•	
Regulations, Code of Ethics, and Dispute Resolution	on Rules of bot	th ASCA (Australia	n Shepherd Club of	America) and RRVASC
(Rock River Valley Australian Shepherd Club).	•			
Signatures of all voting members on this application	ion:			
Date:				
Names & birthdates of Juniors:				

Please return form & appropriate fees payable to RRVASC to:

Jennifer Stagg 425 N. Hine Avenue Waukesha, WI 53188