AUSTRALIAN SHEPHERD CLUB OF AMERICA®

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Bryan, TX 77808
www.asca.org

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registrar@asca.org

OFFICE USE ONLY

CK#_____

AMOUNT_____

Limited Exhibition Privileges (LEP)

Effective 3/13/01

LEP Application is to allow dogs that give the appearance of being Australian Shepherds to compete for degrees in eligible ASCA competitive programs except Conformation. Dogs accepted for an LEP registration number must be spayed or neutered.

FEES – Must be a member to register a dog
$20.00 for Full Members
$40.00 for Service Members

Membership Application on reverse

REQUIREMENTS

1. Submit three (3) color photos (full body left side, right side, and front). Photos must be clear, no Polaroid photos accepted.
2. Provide any pedigree information or copy of registration papers.
3. Dog must be 6 months of age or older at time of application.
4. Copy of spay/neuter certificate with Veterinarian signature

Name of Dog (Limit to 30 characters including spaces and punctuation)

Other Registration Numbers (if any)_____ DOB_____ Sex_____

Name of Sire (if known)_____ Registration# (if any)_____

Name of Dam (if known)_____ Registration# (if any)_____

Main Body Color	Trim Color	Eye Color	Height	Weight
❑ Blue Merle ❑ Red Merle ❑ Black ❑ Red ❑ Other:_____	❑ White & Copper ❑ White ❑ No Trim ❑ Copper	Left_____ Right_____	(at withers) _____"	

Name of Owner_____ Co-Owner_____

Address_____ City_____ ST_____ Zip_____

Member ID_____ Email_____ Phone:_____

I (We) testify that all data submitted is correct. I (We) understand that all applications become the property of ASCA. If application has been falsified, no registration certificate will be issued and fees will not be refunded. I (We) further understand that as an owner of an ASCA registered dog, I (We) agree to abide by the ASCA Articles of Incorporation, Bylaws, and Rules of Registries and all eligible competitive programs and to disciplinary action, if necessary, as determined by the Board of Directors of the ASCA. If it is discovered, after registration, that any part of the application has been falsified, registration will be revoked for this dog. I hereby certify these dogs have not been registered as another breed. In addition, I will not register these dogs as another breed. I understand if I register these dogs as another breed, their ASCA registration will be revoked.

ALL OWNERS/CO-OWNERS MUST SIGN

OWNER'S SIGNATURE:_____ DATE: _____

CO-OWNER'S SIGNATURE: _____ DATE: _____

MEMBERSHIP APPLICATION AND RENEWAL FORM

FULL includes	**LIFETIME** includes	**JUNIOR** (ages 8-17) includes	**SERVICE** includes
• 1 yr subscription "*Aussie Times*" • Lower registration fees • Voting Privileges (outside US, see below for postage) ❑SINGLE **$40** (1 Adult) ❑DUAL **$55** (2 Adults-same household)	• Lower Registration Fees • Voting Privileges ❑No "*Aussie Times*" **$300** (Single) ❑No *"Aussie Times"* **$520** (Dual) ❑Add **$25** for 1 year subscription to *"Aussie Times"*	• Lower Registration Fees Parent name:_____ Date of Birth:_____ ❑No "*Aussie Times*" **FREE** ❑*"Aussie Times"* 1 yr sub **$25**	• ASCA® registry services • Standard registration fees No *"Aussie Times"* ❑ **$10** - 1 person

CC# | | | | | | | | | | | | | | | | **Exp. Date** | | | | **Cardholder:** _____

ADDITIONAL POSTAGE OPTIONS FOR *"AUSSIE TIMES"*	**Surface**	**1st Class**
USA	**N/A**	❑ **$25**
CANADA	❑ **$18**	❑ **$25**
ALL OTHER	❑ **$24**	❑ **$54**

I would like to make a tax deductible donation to the ASCA® Foundation in the following amount (please send a separate payment):

Epilepsy Research: _____ Junior Scholarship: _____ Other: _____

Name #1_____ Name #2_____

Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone: (_____)_____ Email: _____

I (We) agree to abide by the ASCA® Articles of Incorporation, Bylaws, and all ASCA® Rules and Regulations governing the ASCA® Registry and all other ASCA® programs.

#1_____ #2_____

SIGNATURES

❑ New Member ❑ Renewal

❑ Check here if you wish to obtain a copy of the ASCA® Bylaws

Click here to print & sign