

## MEMBERSHIP APPLICATION & RENEWAL FORM

Name(s):								
Mailing Address:								
City:					State: Zip:			
Home Phone: Cell Ph				one:				
Email address:								
ASCA Membership Number:								
Names of dogs and current tit	eles:							
Referred By:								
Areas of interest?								
<ul><li>□ Agility</li><li>□ Confirmation</li><li>□ Dock jumping</li></ul>	<ul><li>□ Education</li><li>□ Herding</li><li>□ Obedience</li><li>□ Rally</li></ul>			☐ Scent work ☐ Tracking ☐ Other:				
Membership includes regular seminars, holiday party, plaqu PASA needs volunteers to hel	ies for your do	gs and other member	ership	activities.		hows, educ	ational	
☐ YES!! I'll volunteer			,	C				
Membership Category		nember 🗖 Ren Membership I			☐ Lega	acy lifetime	e member	
	2. 1	Application Postmarked by 1/15 Application Postma						
4 1		<u>Joint</u>		Single		<u>Join</u>	<del>_</del>	
Annual		□ \$25		□ \$25		□ \$		
Five Year	<b>□</b> \$50	<b>□</b> \$70		<b>□</b> \$55		<b>\$</b>	(5	
Mail checks made payable	e to PASA to:							
ASA Membership				Club Use Only				
c/o David Connet 1087 Lily Avenue Sunnyvale, CA 94086 Phone: 408-656-6039 Email: agility@agilityrecordb	ook.com			Date Received	Check Date	Check #	Amount	