

☞ BUCKEYE AUSTRALIAN SHEPHERD CLUB ☞
Membership Renewal

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-Mail _____

Your ASCA Membership # _____ Kennel Name _____
(this is not required unless you are a Board member) (this is optional)

Please check one: Single membership (\$10) _____ Family membership (\$15) _____

What activities (events, educational seminars, get-togethers, etc.) would you like to help to organize for the next year?

Your comments and suggestions are always welcome:

I/We agree to abide by the rules, regulations and code of ethics of ASCA and the By-Laws governing the Buckeye Australian Shepherd Club.

Signature _____ Date _____

*Mail with dues (payable to Buckeye ASC) to:
Jan Niblock, BASC Sec.
36234 Falcon Crest Ave., Avon, OH 44011*