



MEMBERSHIP APPLICATION AND RENEWAL FORM

MAIL: 6091 E State Hwy 21, Bryan, TX 77808 / FAX: (979) 778-1898 / EMAIL: membership@asca.org

FULL MEMBERSHIP		JUNIOR MEMBERSHIP	SERVICE MEMBERSHIP
YEARLY includes • 1 year "Aussie Times" subscription <i>*outside USA, see below for postage</i> • Lower registration fees • Voting Privileges <input type="checkbox"/> SINGLE \$50 (1 Adult) <input type="checkbox"/> DUAL \$75 (2 Adults-same address)	LIFETIME includes • Lower Registration Fees • Voting Privileges <input type="checkbox"/> Single No "Aussie Times" \$300 <input type="checkbox"/> Dual No "Aussie Times" \$520 <input type="checkbox"/> Add \$35 - 1 year "Aussie Times" <i>*outside USA, see below for postage</i>	(ages 8-17) Includes: • Lower Registration Fees Parent name: _____ JR Date of Birth: _____ <input type="checkbox"/> No "Aussie Times" FREE <input type="checkbox"/> 1 year "Aussie Times" - \$35	Includes: • ASCA registry services • Standard registration fees • Good for 1 year No "Aussie Times" <input type="checkbox"/> \$10 - 1 person

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ADDITIONAL POSTAGE OPTIONS FOR "AUSSIE TIMES"		Surface	1 st Class
USA		N/A	<input type="checkbox"/> \$25
CANADA		<input type="checkbox"/> \$18	<input type="checkbox"/> \$25
ALL OTHER		<input type="checkbox"/> \$24	<input type="checkbox"/> \$54

I would like to make a tax deductible donation to the ASCA Foundation (separate payment made payable to "ASCA Foundation"):

Epilepsy: \$_____ Junior Scholarship: \$_____ Cancer: \$_____ Other: \$_____ For: _____

New Member Renewal (Member ID#: _____)

Name #1 _____ Name #2 (Dual) _____

Address: _____

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

Telephone: _____ Email: _____

I would like an ASCA logo sticker

I would like a copy of the ASCA Bylaws

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