



# AUSTRALIAN SHEPHERD CLUB OF AMERICA®

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| OFFICE USE ONLY |       |
|-----------------|-------|
| CK#             | _____ |
| AMOUNT          | _____ |

## Limited Exhibition Privileges (LEP)

Effective 3/13/01: The 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)

Extended Name – **ADDITIONAL \$20 IF USED** (You may use this space if the dog's name exceeds 30 characters)

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 |
|---------------------------------------|------------------------------------|---|---------------------------------|---------------------------|------------------------|--------|
| <input type="checkbox"/> Blue Merle   | <input type="checkbox"/> Red Merle | <input type="checkbox"/> White & Copper | <input type="checkbox"/> White  | Left _____<br>Right _____ | (at withers)<br>_____” | _____  |
| <input type="checkbox"/> Black        | <input type="checkbox"/> Red       | <input type="checkbox"/> No Trim        | <input type="checkbox"/> Copper |                           |                        |        |
| <input type="checkbox"/> Other: _____ |                                    |   |                                 |                           |                        |        |

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: \_\_\_\_\_



EXP:



SEC CODE:

Cardholder's Signature \_\_\_\_\_

## MEMBERSHIP APPLICATION AND RENEWAL FORM

| FULL MEMBERSHIP   |   | JUNIOR MEMBERSHIP (Ages 8-17)   | SERVICE MEMBERSHIP   |
|---|---|---|--|
| <p><b>YEARLY</b> includes "Aussie Times", Lower registration fees, &amp; Voting Privileges for 1 year<br/><b>(outside US, see below for postage)</b></p> <p><input type="checkbox"/> SINGLE \$50 (1 Adult)<br/><input type="checkbox"/> DUAL \$75 (2 Adults-same household)</p> | <p><b>LIFETIME</b> includes lower Registration Fees, Voting Privileges for life</p> <p><input type="checkbox"/> No "Aussie Times" \$400 (Single)<br/><input type="checkbox"/> No "Aussie Times" \$600 (Dual)</p> <p><input type="checkbox"/> Add \$35 for 1 year subscription to "Aussie Times"</p> | <p style="text-align: center;"><b>Juniors pay Full Member Registration Fees</b></p> <p>Parent name: _____</p> <p>Date of Birth: _____</p> <p><input type="checkbox"/> No "Aussie Times" FREE<br/><input type="checkbox"/> "Aussie Times" 1 yr subscription - \$35</p> | <p>Standard registration fees No "Aussie Times"</p> <p><input type="checkbox"/> \$20 EACH OWNER/CO-OWNER</p> |

| ADDITIONAL POSTAGE OPTIONS FOR "AUSSIE TIMES" | Surface                       | 1 <sup>st</sup> 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 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