



AUSTRALIAN SHEPHERD CLUB OF AMERICA®

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AFFILIATE OFFICER CHANGES

THIS FORM MAY BE SUBMITTED IN THE EVENT THERE ARE OFFICER CHANGES BETWEEN RENEWALS. PLEASE REPORT ANY CHANGE IN OFFICERS FOR YOUR CLUB ON THIS FORM AND RETURN IT TO THE ASCA BUSINESS OFFICE.

Name of Affiliate Club (Do not abbreviate)	
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POSITION: President Representative Vice President Secretary Treasurer Director

FROM	Name		ASCA Member ID#	
TO	Name		ASCA Member ID#	
Date of Change				

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FROM	Name		ASCA Member ID#	
TO	Name		ASCA Member ID#	
Date of Change				

The above changes in officers for our club are correct to the best of our knowledge.

Officer 1	X		Member ID#		Date	
Officer 2	X		Member ID#		Date	
Officer 3	X		Member ID#		Date	

THIS FORM MUST BE SIGNED BY THREE CURRENT OFFICERS

NOTE: DO NOT TYPE NAMES INTO SIGNATURE LINES. SIGNATURES MUST BE SIGNED IN PEN OR USING PROPER DIGITAL SIGNATURE SOFTWARE.