



# Canadian National Australian Shepherd Association

## Membership Application

Please choose: \_\_\_\_\_ New Single Membership (\$25) or \_\_\_\_\_ Renewal (\$25)  
 \_\_\_\_\_ New Family Membership (\$30) or \_\_\_\_\_ Renewal (\$30)  
 \_\_\_\_\_ New Associate Membership (\$20) or \_\_\_\_\_ Renewal (\$20)  
 \_\_\_\_\_ New Junior Membership (\$10) or \_\_\_\_\_ Renewal (\$10)

Fill this in on your computer, print, sign and mail...

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Kennel Name (if applicable): \_\_\_\_\_

Areas of Interest (Circle all that apply):

Pet	Breeding	Obedience	Conformation
Herding	Agility	Tracking	Flyball
Fund Raising	Aussie Rescue	Rally-O	Handling

Are you interested in being on any committees? YES NO

If yes, please indicate which committees \_\_\_\_\_

How did you hear about CNASA ?  
 (circle all that apply)

Friend/Personal referral	Internet	At a dog show/trial
Breed Information Booth	Other (indicate below)	Magazine Advertising

If personal referral, name of person who referred you \_\_\_\_\_

Memberships run from January 1 to December 31 of each year and are due no later than December 31 for the following year. Memberships purchased later in the year are good until December 31 of that year.

This application is accepted subject to approval of the membership and the Board of Directors of CNASA. If not approved, there is no obligation on the part of the Association to disclose the reason for its decision. I hereby understand and agree to the above statement.

I agree to abide by the Constitution and By-laws of the Canadian National Australian Shepherd Association and am in good standing with the Canadian Kennel Club.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Send application along with payment to:

CNESA Treasurer

c/o: Karen Doughty

80 Warman St,

Alliston, ON

L9R 0B8

For Office Use Only:

Amount received \_\_\_\_\_ Payment form: Cheque Cash Other