



SEMASA
SOUTHEASTERN MICHIGAN
AUSTRALIAN SHEPHERD ASSOCIATION

M E M B E R S H I P A P P L I C A T I O N

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone(s) (include area code) _____

e-mail _____ web site _____

Please help us get to know you.

Number and breeds of dogs you own _____

Areas of Interest:

Stockdog Trials _____ Obedience _____ Agility _____ Juniors _____

Stockdog Clinics _____ Conformation _____ Tracking _____ Rescue _____

Other _____

I/We hereby apply for membership in the Southeastern Michigan Australian Shepherd Association and agree to abide by and uphold the constitution, bylaws, registry rules, policies, procedures and dispute rules of both ASCA and SEMASA. I am/we are in good standing with the Australian Shepherd Club of America, Inc.

Signature _____

ASCA Membership Number _____ Date _____

Signature _____

ASCA Membership Number _____ Date _____

Make check payable to SEMASA.

Membership: 1 Year (\$10.00) _____

3 Year (\$25.00) _____

Dues not paid by January 31 will be considered lapsed. Dues paid after September 15 will be accepted as paid for the following year. Mail to:
Gail Winnick
14301 Oakes Rd.
Perry, MI 48872
(517) 675-5275