



Member Application

Name(s): _____

Junior: Y/N

Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Kennel Name: _____

ASCA Membership #: _____

What Events are you interested in? (check all that apply)

Conformation Obedience/Rally Agility

Stock Tracking Other

What Offices if any would you be interested in serving a 2 year term in?

President Vice President Secretary Treasurer Director

Show Coordinator Web Design & Maintenance Social Media/PR

1 Yr Single Membership \$15: ()

1 Yr Family Membership \$25 ()

Make Checks payable to: GSTASC
1096 Brook Trout Drive
Victor, ID 83455
or Paypal to: gemstasc@gmail.com