AUSTRALIAN SHEPHERD CLUB OF AMERICA, INC.®

P.O. BOX 3790
BRYAN TX 77805-3790
http://www.asca.org

(409) 778-1082
FAX (409) 778-1898
asca@tca.net

Established 1957

Limited Exhibition Privileges (LEP)

Effective 4/6/98

LEP Application is to allow purebred 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.

Fee:
$20.00 to ASCA Members
$40.00 to Non-ASCA Members
Contact ASCA for membership application

Requirements:
Enclose Two (2) FULL SIDE VIEW Color Photos one left side and one right side. No head shots. No exceptions.
Provide any pedigree information or copy of registration papers.
Dog must be 6 months of age or older at time of application.
Copy of spay/neuter certificate with Veterinarian signature.

Name of Dog: Limit name to 30 characters(including spaces and punctuation).

Registration Number (if any):_____

Date of Birth _____ Sex_____

Name of Sire (if known)_____ Reg. No. (if any)_____

Name of Dam (if known)_____ Reg. No. (if any)_____

Main Body Color
Blue Merle
Red Merle
Black
Red
Other_____

Trim Color
White and Copper
White
Copper
No Trim

Eye Color
Left:_____
Right:_____

Tail Length
Natural Bob
Docked
Natural Bob/Docked

Height at Withers:_____ **Weight**: _____

Type of Stock worked by dog:_____

Name of Owner _____ Co-owner_____

Address_____ City:_____ State _____ Zip _____

ASCA Membership No. _____ Phone Number_____

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.

ALL OWNERS/CO-OWNERS MUST SIGN

Owner's Signature _____ Date_____

Co-owner's Signature _____ Date_____