



# MEMBERSHIP APPLICATION AND RENEWAL FORM

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FULL MEMBERSHIP		JUNIOR MEMBERSHIP	SERVICE MEMBERSHIP
<b>YEARLY</b> includes:		<b>JUNIOR (MINOR) MEMBERSHIP FREE</b> <b>Expires end of show year minor turns 18</b>	<ul style="list-style-type: none"> <li>No discounted registration fees</li> <li>No <i>Aussie Times</i></li> <li>No voting privileges</li> </ul> <input type="checkbox"/> <b>\$20 PER PERSON</b>
<ul style="list-style-type: none"> <li><i>Aussie Times</i> mail subscription (<b>outside U.S. – online access only if postage not paid</b>)</li> <li>Lower registration fees</li> <li>Voting Privileges</li> </ul> <input type="checkbox"/> SINGLE \$50 (1 Adult) <input type="checkbox"/> DUAL \$75 (2 Adults-same address)	<b>LIFETIME</b> includes: <ul style="list-style-type: none"> <li>Lower Registration Fees</li> <li>Voting Privileges for life</li> <li>Online access to <i>Aussie Times</i></li> </ul> <input type="checkbox"/> Single - \$400 OR <input type="checkbox"/> Dual - \$600  <input type="checkbox"/> Add \$35 for 1-year <i>Aussie Times</i> mail subscription ( <b>outside U.S. see postage</b> )	<input type="checkbox"/> Pays Full Member Registry Rates  Parent name: _____  Minor Birth Date: _____ <input type="checkbox"/> Add \$35 for 1-year <i>Aussie Times</i> mail subscription ( <b>outside U.S. see postage</b> )	
<input type="checkbox"/> SINGLE \$50 (1 Adult) <input type="checkbox"/> DUAL \$75 (2 Adults-same address)		<input type="checkbox"/> Add \$35 for 1-year <i>Aussie Times</i> mail subscription ( <b>outside U.S. see postage</b> )	



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ADDITIONAL POSTAGE FOR AUSSIE TIMES		Surface	1 <sup>st</sup> Class
USA		INCLUDED	<input type="checkbox"/> \$25
CANADA		<input type="checkbox"/> \$18	<input type="checkbox"/> \$25
ALL OTHER		<input type="checkbox"/> \$24	<input type="checkbox"/> \$54

I would like to make a tax deductible donation to the ASCA Foundation (separate check made out to "ASCA Foundation" if possible):

Epilepsy: \$ \_\_\_\_\_ Junior Scholarship: \$ \_\_\_\_\_ Cancer: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ For: \_\_\_\_\_

New Member       Renewal (Member ID#: \_\_\_\_\_)

Name #1 \_\_\_\_\_ Name #2 (Dual) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like an ASCA logo sticker       I would like a copy of the ASCA Bylaws

I (We) agree to abide by the ASCA Articles of Incorporation, Bylaws, and all ASCA Rules and Regulations governing the ASCA Registry and all other ASCA programs.

#1 \_\_\_\_\_ #2 \_\_\_\_\_

**SIGNATURES**