## **Application for NEW or RENEWAL Membership**

To the **United Schutzhund Clubs of America** (USCA) (Includes six issues of Schutzhund USA magazine)

First name	Last nai	me	
Second Family Member: First name	ily Member: First name Last name		
Address            State	Email		
Home Phone () Alternate			
New Member Renewal / Member No.	Fa:	ngle Membership mily Membership wo people at the same address Youth Membership	– one magazine)
Please show your support for our USA World Teams by including a donation:  \$\begin{array}{c} \$10.00 & \$20.00 & Other \$\ext{\$}\$ \end{array}	(A <sub>2</sub> Sir Sir Fa	ge DOB//! ngle Membership - Foreign mily Membership - Foreigr tra for First Class postage	Must be 21 or under) resident \$115.00 resident \$165.00
Mail / Fax / Email to:	Payment in U.S.	Funds only. No foreign of	checks or drafts.
United Schutzhund Clubs of America		Fax (314) 638-0609	
4407 Meramec Bottom Rd Ste. J, St. Lo	ouis, MO 63129	scorebook@germans	hepherddog.com
VISA MC Discover (circle one) Expiration	n Date	/ (month and year)	
Account Number		Security Code	
By signing, below, I consent to the indicated charg specified, also above. By signing, below, I also re  1. Any disagreements related to my membership settled by arbitration using the American Arbit United Schutzhund Clubs of America agree the	present and conse with the United S itration Associatio	nt to the following: Schutzhund Clubs of America on and its rules. In order to sin	will be irrevocably aplify issues, I and the
membership dues and any contributions I have damages. Both myself and the United Schutzl states that prohibit such clauses.			
2. I represent that I am not a member of any comof America. I further understand and consent refund, even on a pro-rata basis, should I at a Dog organization.	to the fact that my	membership privileges shall	be revoked with no
<ol> <li>If accepted as a member, I agree to abide by the myself in a sportsmanlike manner at all times</li> </ol>			merica and to conduct
4. I understand that any false representations in t	his application are	e cause for revocation with no	refund of dues.
I agree to stipulations 1, 2, 3 and 4 and repres	ent that the conter	nts of this application are who	lly true and accurate.
Signature:		Date	//
Second Member/Guardian Signature:			
*Guardian signature required for all youth member	ers under the age c	of 18.	
FOR USA OFFICE USE ONLY: From	:	To:	
Date Paid Total Amount Paid \$			
Total Alliount Laid \$	CIICCK	i.b Kolololik	