Application for NEW or RENEWAL Membership

To the United Schutzhund Clubs of America (USCA)

(Includes six issues of Schutzhund USA magazine)

First name	Last name
Second Family Member: First name	Last name
Address	City
State ZIP	Email
Home Phone () Alterna	te Phone () FAX # ()
New Member Renewal / Member No.	 Single Membership \$100.00 Family Membership \$150.00 (Two people at the same address – one magazine) Youth Membership \$25.00
Please show your support for our USA World Teams by including a donation: \$10.00 \$20.00 Other \$	(Age DOB/ Must be 21 or under) Single Membership - Foreign resident \$115.00
Mail / Fax / Email to :	Payment in U.S. Funds only. No foreign checks or drafts.
United Schutzhund Clubs of America	Fax (314) 638-0609
3810 Paule Ave., St. Louis, MO 63125	scorebook@germanshepherddog.com
VISA MC Discover (circle one) Expiration	-
	ges above being levied on my credit card, the number, etc. which I have
settled by arbitration using the American Arb United Schutzhund Clubs of America agree t membership dues and any contributions I hav	p with the United Schutzhund Clubs of America will be irrevocably bitration Association and its rules. In order to simplify issues, I and the hat the maximum arbitral award shall be equal to and not greater than the re made by this application. This amount is defined as liquidated hund Clubs of America agree that this is a binding arbitration except in
of America. I further understand and consent	npeting German Shepherd Dog organization situated in the United States to the fact that my membership privileges shall be revoked with no later point in time, become a member of a competing German Shepherd
3 If accepted as a member. Lagree to abide by	the bylaws of the United Schutzbund Clubs of America and to conduct

3. If accepted as a member, I agree to abide by the bylaws of the United Schutzhund Clubs of America and to conduct myself in a sportsmanlike manner at all times during USA events.

4. I understand that any false representations in this application are cause for revocation with no refund of dues.

I agree to stipulations 1, 2, 3 and 4 and represent that the contents of this application are wholly true and accurate.

Signature:	Date/	
Second Member/Guardian Signature: Date/ *Guardian signature required for all youth members under the age of 18.		
FOR USA OFFICE USE ONLY: From:	То:	
Date Paid Total Amount Paid \$ Check I.D	Reference #	