



AMERICAN SIGHTHOUND FIELD ASSOCIATION

APPLICATION FOR AFFILIATION

Club Name: _____ Initials (max. 5): _____

ASFA / Club Delegate Name: _____

Address: _____

City, State, Zip: _____

Phone (including area code): (____) _____

E-mail: _____

This Delegate will receive all ASFA correspondence, be listed in the club list appearing on the ASFA website, receive the Board Communiqués, and also will keep the club informed. A club may change its Delegate at any time by submitting a change of delegate form to the ASFA Membership Committee.

We are: an all-sighthound club a specialty club for _____ breed or
 other (please specify): _____

Our club was founded on (date): _____ and has _____ # of members residing in _____ different households.

Our Delegate lives in the ASFA Region of the primary activity for our club.
 No, the ASFA Region of primary activity is: _____

To complete this application, we enclose:

- a listing of club officers (title, name, address, phone number and e-mail)
- a list of club members with addresses and e-mail addresses
- a copy of our constitution and by-laws
- \$60.00 application fee, check made payable to ASFA

We hereby apply for affiliation with the American Sighthound Field Association and agree to abide by its constitution & by-laws.

Signature of Club President

Date

Printed name of Club President: _____

After the Membership Committee acknowledges receipt of this completed application, we may obtain approved dates for the holding of two Fun Lure Field Trials from the Scheduling Committee. We understand that both fun trials may be scheduled at the same time, but must be held 30 days or more apart.

Return this form to:

Claudia Miller
8205 W. 67th Place
Arvada, Colorado 80004
(303) 589-9238

membership@asfa.org
MEMBERSHIP@asfa.org