



## AMERICAN SIGHTHOUND FIELD ASSOCIATION

### APPLICATION FOR MEMBERSHIP

Club Initials: \_\_\_\_\_ (Limit to 5 Letters)  
Club Name: \_\_\_\_\_  
Club Delegate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_

To qualify for membership, a club must meet the following requirements:

- Be an affiliate club for a minimum of 24 months. (Your affiliation date is on the cover letter.)
- In each of the 2 twelve-month periods preceding the date of this application (which is considered the "qualifying period" for determining eligibility for membership), the club must have held a minimum of two successful (as determined by the ASFA Board of Directors) trials at least 30 days apart. **The trials used to meet this requirement must have been published on the ASFA website at [www.asfa.org](http://www.asfa.org).**
- Clubs dues have to be paid before an application will be considered.

Please provide the following information to meet the above requirements:

Date Of Affiliation: \_\_\_\_\_ Date Of Application: \_\_\_\_\_  
Number Of Club Members: \_\_\_\_\_ In Households: \_\_\_\_\_  
Number Of Trials Held In Qualifying Period: \_\_\_\_\_  
Number Of All Breed Trials Held In Qualifying Period: \_\_\_\_\_

*Please list all trials held during the qualifying period on the back of this form. Please review your qualifying period above and be sure that you meet the requirement for two (2) trials in each year.*

The following items must be submitted to complete this application:

- A current list of club officers, including addresses and phone numbers.
- A current list of club members, including addresses.
- A current copy of the club's constitution (only if modified since submitted for affiliation).

We hereby apply for membership in the American Sighthound Field Association, and agree to abide by its Constitution and By-laws.

Signature of club president: \_\_\_\_\_ Date: \_\_\_\_\_

Each application shall be considered and voted upon by the ASFA Board of Directors within *90 days from the* date of a completed filing with the Membership Chair. The Board shall consider such application within the context of the policies regarding membership eligibility which are in effect at the time the application is received. Submit completed application to:

Return this form to:  
Claudia Miller  
8205 W. 67th Place  
Arvada, Colorado 80004  
(303) 589-9238  
[membership@asfa.org](mailto:membership@asfa.org)

