



**North American**  
**Miniature Australian Shepherd Club of the USA, Inc.**

PO Box 141097, Broken Arrow, OK 74014-1097

Phone/Fax: 918-357-5844

Email: registrar@namascusa.com

Website www.namascusa.com

## Application For Breeder's Directory Listing

The Breeder's Directory is provided to anyone who requests a list of breeders from the Business Office. The directory is maintained and updated on a continuous basis and is available in a printed version that is mailed upon request, as well as electronically on the NAMASCUSA website. To be listed on the Breeder's Directory, you must:

- 1) Complete this application
- 2) Be a NAMASCUSA member in good standing
- 3) Kennel Name, if used, must be registered with NAMASCUSA.

### Directory Listing Fee ~~~ \$20/year

**The information that you provide can be published on the printed list, on the Web Site or on both. Please indicate with a check mark where you would like your information to appear.**

Name: _____	<u>Printed</u> <input type="checkbox"/>	<u>Website</u> <input type="checkbox"/>
Kennel Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____ _____	<u>Entire Address</u> <input type="checkbox"/>	<u>Entire Address</u> <input type="checkbox"/>
	<u>City &amp; State Only</u> <input type="checkbox"/>	<u>City &amp; /State Only</u> <input type="checkbox"/>
Phone#: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail address: _____	<input type="checkbox"/>	<input type="checkbox"/>
Web site address: _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____ _____		

*As a member of the North American Miniature Australian Shepherd Club of the U. S. A., Inc. (NAMASCUSA), I (we), the undersigned, agree to promote/participate only in activities and behavior that will benefit the common good of the North American Miniature Australian Shepherd. I (we) agree to abide by the NAMASCUSA Registry Rules and Regulations, Bylaws and Code of Ethics.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NAMASCUSA Member #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NAMASCUSA Member #: \_\_\_\_\_

Please include a check or money order in \$USA, for the **Annual Fee of \$20**, payable to: **NAMASCUSA**

A \$25 fee will be charged for all returned checks.

Mail it to: **NAMASCUSA – P.O. Box 141097, Broken Arrow, OK 74014-1097**