

MEMBERSHIP APPLICATION
For the American Border Collie Association, Inc.



PLEASE PRINT

SELECT:

ANNUAL / YEAR 20___

LIFETIME

**Both Annual and Lifetime Memberships offer the same benefits*

NAME		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE:	EMAIL:	

I AGREE TO THE RULES AND REGULATIONS SET FORTH BY THE AMERICAN BORDER COLLIE ASSOCIATION.

X _____ DATE _____

SERVICE	FEE (U.S. Dollars)
Annual Membership	\$15.00
Lifetime Membership (Individual Only)	\$150.00
Registration for each pup/dog:	
Before one year from date of birth	\$15.00
Over 1 year but less than 2 years	\$30.00
Over two years <i>(DNA test required for dog & both parents)</i> <i>(U.C. Davis accepted)</i>	\$45.00
Transfer of Ownership <i>(Send original certificate)</i>	\$15.00
Miscellaneous:	
Replacement certificate or correction	\$10.00
OFA Designation <i>(Copy of HIP Certification required)</i> <i>(OFA and Cornell Hip accepted)</i>	\$5.00
CEA Designation <i>(Copy of CEA DNA results required)</i> <i>(Gene Check, Paw Print Genetics and Optimal Selection accepted)</i>	\$5.00
American Border Collie Association Decals	\$1.00

Credit card# <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Exp. Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	CVS/Security Code <input type="text"/> <input type="text"/> <input type="text"/>
Name as it appears on card	Signature X _____	

Payment due with submittal. We accept Check, Money Order, Visa, Mastercard or Discover (U.S. Funds).

Return Membership Application to:
American Border Collie Association, Inc.
 P.O. Box 535
 Pine Mountain, GA 31822