



Greater Atlanta Schutzhund Association

Permanent Membership Application



The club will vote on your admission to membership at the next membership meeting. If accepted, you also will be required to join the United Schutzhund Clubs of America (USCA). This is necessary in order to show your dog at club, regional or national events. You must obtain a scorebook from USCA before you can show your dog. All guests and members must sign a liability waiver before taking the filed – no exceptions.

Owner's Name: _____ Handler's Name (if different): _____

Address: _____ City: _____

State: _____ Zip Code: _____ USCA Member Number: _____ Exp. Date _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____ Application Date: _____

List previous training experience: _____

Dog's Full Name: _____ Call Name: _____

Titles: _____ Breed: _____ Date of Birth: _____

Tattoo Number: _____ Microchip Number: _____ Scorebook Number: _____

Registration Number (examples: USCA / SV / AKC / AWDF): _____

Check all that apply: Male Female

Dates of Last: DHLP and Rabies _____ Heartworm Check _____ Results _____

Veterinarian Name: _____ Phone: _____

Understanding of Liability

1. I understand that my participation in this club is at my own risk.
2. I will not hold this club, its officers, promoters, sponsors, officials, land owners, other club members, participants or the United Schutzhund Clubs of America responsible for any damage that may occur to my person or property as a result of the activities of this club.
3. I understand that training of my dog(s) is primarily for the purpose of the sport of Schutzhund.
4. I understand that it is my responsibility to provide ample home insurance to cover the possible actions of my dog.
5. I agree to abide by the by-laws and rules of this club.
6. The club has my permission to take and use photographs, video and other recordings of club activities involving myself, my family or my dog(s) for any lawful purpose without compensation.
7. I understand that I am fully responsible for the actions of my dog(s), and I agree to keep my dog(s) properly restrained and under reasonable control at all times.
8. I have signed and submitted a GASA Training and Participation Liability Form.

Signature of Applicant: _____ Printed Name: _____

Witness: _____ Date: _____

Dues (Jan – Dec): Single \$150 Family: \$175 Make checks payable to Greater Atlanta Schutzhund Association or GASA
If elected as a permanent member, dues will be pro-rated until the end of the calendar year at \$13 per month.

Mail payment and form to: GASA c/o Peter Spanos, GASA President, 367 Adams Road, Fayetteville, GA 30214

More forms are available online at www.gasaonline.com. If you need further information, please contact Tracy Schaeffer, GASA Secretary at tschaeffer11@hotmail.com or at (770) 787-0930.

For Club Use Only: Amount received: \$ _____ Cash Check Date received: _____