



International Miniature Australian Shepherd Club, INC

Attention Registrar

PO Box 373, Winter Park, FL 32790-0373

Email: IMASCREGISTRAR@aol.com Website: www.IMASConline.com



APPLICATION FOR INDIVIDUAL REGISTRATION

Please include the following with the Application:

1. Three color photos: one each of full body left and right side and one full front shot of dog in standing position.
2. A copy of dog's MASCA, NAMASCUSA, NSDR, ASCA and or AKC registration certificate(s).
3. A minimum of 3 generation pedigree with ancestors' registration numbers noted as far back as known.
4. IMASC will issue a Limited Registration Certificate if the dog has certain disqualifying faults or was sold on a spay/neuter contract. Such dog is disqualified from conformation events (except IMASC Altered and Get/Produce Classes) and no offspring of the dog will be eligible for IMASC registration. The preferred size for the Miniature Australian Shepherd is 14" to 18". Quality not to be sacrificed for size.
5. A copy of Eye & Hip Clearances, if available, for the Breeder of Merit Program and title certificates for pedigree inclusion; and
6. Registration Fee: **0-12 months \$10.00, 12-24 months \$15.00, Over 24 months \$20.00. Non-Members add \$20.00 + Age Fee.**

Section A: To be completed by Owner(s). Type /Print in Ink. Erasures may cause return of Application.

Registered Name of Dog:		
Registration #'s: (list all)		Registries: (List all)
Date of Birth:		Height at Withers:
Sex: Male / Female	Eye Color - Right (Circle all that apply): Blue / Brown / Amber / Green / Marbled	Body Color: Blue Merle / Red Merle / Black / Red
Trim Color: Copper / White	Eye Color - Left (Circle all that apply): Blue / Brown / Amber / Green / Marbled	Tail: Docked / Natural Bob / Docked Bob / Long
Name of Breeder: _____		
Address: _____		
Acquired from? _____		Date Acquired: _____
Address: _____		
Was this dog on a Spay / Neuter contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sire Registered Name: _____		Dam Registered Name: _____
Registration #'s: _____		Registration #'s: _____
Registries: _____		Registries: _____
Name of Owner: _____		Name of Co-Owner: _____
Address: _____		Address: _____
Phone & Email: _____		Phone & Email: _____

Type of Registration (Check One Box Only):

FULL: Offspring are eligible for registration. Entry in dog events is unrestricted by registration.

LIMITED: Offspring are not eligible for registration. Entry in conformation events is restricted.

I (we) apply to the International Miniature Australian Shepherd Club, INC. (IMASC) to have a Registration Certificate issued in my (our) name(s). I (we) testify that all information submitted on this Application is correct. I (we) agree to abide by IMASC rules, regulations and the Code of Ethics and understand that failure to do so can result in the suspension or restriction of registration privileges. I (we) further understand that as an Owner or Co-Owner of a IMASC registered dog, I am (we are) subject to the IMASC By-Laws, Code of Ethics and disciplinary action, if necessary, as determined in accordance with the IMASC By-Laws and by the Board of Directors. This Application constitutes only consideration for registration and does not guarantee registration with IMASC.

Signature of Owner: _____ Date: _____

Signature of Co-Owner: _____ Date: _____