

**Georgia Stock Dog Association
Membership Application**

Name _____

Other Family Members _____
to be included _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Cell** _____

E-mail _____

Tell us about your herding dogs:

Signature of Applicant

Date

**Please print application, fill out, and send along with a check, to Pat
Floyd, 3330 Antioch Lane, Gainesville, GA 30506. Please make
checks payable to: GSDA
Membership fees: \$25 per person; \$35 per family.**