



The Portuguese Water Dog Club of America, Inc.

2010 MEMBERSHIP RENEWAL APPLICATION

(Please print clearly or type.)

Renewal Deadline is January 1st Each Year

As a member of the PWDCA, Inc. I agree to abide by the PWDCA, Inc. Code of Ethics and By-Laws

MEMBERSHIP FEES & DONATIONS ARE NOT TAX DEDUCTIBLE

Membership Information

(This information will be used in the Membership Directory.)

Member Name: _____ -->

Additional 2nd Household Member: _____ -->

Additional 3rd Household Member: _____ -->

Mailing Address: _____

City: _____ State: _____

Country: _____ Zipcode: _____

(Please list only one Number for each Phone & one Email.)

Home Phone: (____) - ____ - _____

Cell Phone: (____) - ____ - _____

Office Phone: (____) - ____ - _____

Fax Phone: (____) - ____ - _____

Email: _____

(Please list Junior Affiliates on Reverse Side - No Fee.)

(If you are a PWD Breeder list your Kennel Name.)

Kennel Name: _____

Note: The PWDCA respects your privacy. This information will not be shared or sold to other organizations or businesses.

Mail completed renewal form to:

Pat Qvigstad, Chairman

PWDCA, Inc. Membership Committee

111 Foxtail Circle - Black Hawk, CO 80422-8861

Phone: (303) 582-5009

Email: membership@pwdca.org

Membership Type

Yearly Dues

Amount

Total Renewal Fees

Domestic Dues - U.S. Only - Courier mailed by Bulk Mail \$ 55.00 \$ _____

Domestic Dues - Add'l. 2nd Household Member - U.S. Only \$ 15.00 _____

Domestic Dues - Add'l. 3rd Household Member - U.S. Only \$ 15.00 _____

Domestic - Courier mailed by 1st Class Mail \$ 25.00 _____

International Dues - Non-U.S. - Postage Included \$ 85.00 _____

International Dues - Add'l. Household Member - Non-U.S. \$ 15.00 _____ \$ _____

Fund Donations

PWDCA, Inc. Addison's Fund \$ _____

PWDCA, Inc. Cancer Fund _____

PWDCA, Inc. Cardiac Fund _____

PWDCA, Inc. Eye Fund _____

PWDCA, Inc. IBD Fund _____

PWDCA, Inc. General Health Fund _____

PWDCA, Inc. Deyanne Miller Scholarship Fund _____

TOTAL PAYMENT DUE "PWDCA, Inc." IN U.S. FUNDS \$_____

PAYMENT ENCLOSED IN U.S. FUNDS ONLY (DO NOT SEND CASH) BY:

Check/Money Order Payable to **PWDCA, Inc.:**

Credit Card (Please supply the information below):

(NOTE: Bank Debit Cards requiring PIN numbers cannot be accepted for payment.)

Name on Credit Card: _____ Visa

MasterCard

Account #: _____ - _____ - _____ - _____ Exp Date: ____/____

NOTICE

Donations to PWD Rescue are now Tax Deductible!

Please issue a separate check made payable to "PWDCA Rescue, Inc."