



# Rio Salgado Portuguese Water Dog Club

## 2020 Annual Membership Renewal

Member Name(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_

Member Name(s): 3) \_\_\_\_\_ 4) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email Address(es): \_\_\_\_\_ / \_\_\_\_\_

Name(s) of your PWD(s):

1) \_\_\_\_\_ DOB: \_\_\_\_\_

2) \_\_\_\_\_ DOB: \_\_\_\_\_

3) \_\_\_\_\_ DOB: \_\_\_\_\_

4) \_\_\_\_\_ DOB: \_\_\_\_\_

Please indicate your reasons(s) for requesting membership in the RSPWD Club: \_\_\_\_\_

Please tell us about your interests by checking all that apply:

AKC Approved Events		Portuguese Water Dog Specific	
<input type="checkbox"/> Conformation	<input type="checkbox"/> Seminar/Match/Show/Trial	<input type="checkbox"/> Water Trials	<input type="checkbox"/> Seminar/Clinic
<input type="checkbox"/> Obedience	<input type="checkbox"/> Seminar/Match/Show/Trial	<input type="checkbox"/> Health & Nutrition Seminar/Clinic	
<input type="checkbox"/> Rally	<input type="checkbox"/> Seminar/Match/Show/Trial	<input type="checkbox"/> Grooming Seminar/Clinic	
<input type="checkbox"/> Agility	<input type="checkbox"/> Seminar/Match/Show/Trial	<input type="checkbox"/> Social Events	
<input type="checkbox"/> Field Trials	<input type="checkbox"/> Seminar/Match/Show/Trial		
<input type="checkbox"/> Hunting Tests	<input type="checkbox"/> Seminar/Match/Show/Trial		
<input type="checkbox"/> Lure Coursing	<input type="checkbox"/> Seminar/Match/Show/Trial		
<input type="checkbox"/> Tracking	<input type="checkbox"/> Seminar/Match/Show/Trial		
<input type="checkbox"/> Herding	<input type="checkbox"/> Seminar/Match/Show/Trial		
<input type="checkbox"/> Scent Work	<input type="checkbox"/> Seminar/Match/Show/Trial		

Are you interested in serving on Club committees or sharing specific interests or talents you have with the Club?

Yes, \_\_\_\_\_

May we share your name, city, email address and interests with Club members so other members with similar interest may contact you?  Yes  No (We do not share with the general public).

Please Check ALL of the following that apply to you:

- Dog Owner - Purebred and Registrable (DO)
- Bred and registered a litter in the last 3 years (B)
- Have exhibited at AKC events in the last 3 yrs (E)
- AKC Approved Judge (J)

**Types of Membership and Dues:** (Note - You must be 18 or older to join the Club)

- **Regular membership - \$20.00** - Open to all persons 18 years of age and older who shall enjoy all Club privileges including the right to vote and hold office.
- **Household membership - \$20.00 PLUS \$5.00 per each additional household member** - Two or more regular members who reside in the same household. Each member over the age of 18 years within a household shall enjoy same Club privileges as regular members.
- **Remote membership - \$15.00** - Open to all persons 18 years of age and older not living in Arizona and who shall enjoy all Club privileges except the right to vote and hold office.

<b>I am renewing for the following type membership:</b>	
<input type="checkbox"/> Regular/single membership ....\$20.00	= \$ _____
<input type="checkbox"/> Household membership .....\$20.00 plus \$5.00 x _____ additional member(s)	= \$ _____
<input type="checkbox"/> Remote membership.....\$15.00 =	\$ _____
<b>Total Due:</b>	<b>\$ _____</b>

Each of the undersigned is 18 years of age or older and hereby applies for membership in the Rio Salgado Portuguese Water Dog Club and agrees to abide by the rules, regulations, Constitution and By-laws of the Club, available on the Club's web site at RSPWDC.org.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail this application, signed by all applicants, with your check (made payable to RSPWDC) to:**

RSPWDC Membership Coordinator  
Lynn Nelson, 8319 E Carol Way, Scottsdale, AZ 85260

<b>RSPWDC Administration Use Only</b>	
Date Received: _____	Cash <input type="checkbox"/> Check <input type="checkbox"/> Amount: \$ _____ Date Deposited: _____