

MEMBERSHIP APPLICATION / RENEWAL FORM

17	Voyageur	This	This form is for			Office use only:	
Y VX	English Springer		□ New Membership Application□ Renewal Membership			First Reading	
	Spaniel Association	n				Second Reading	
Last Name				First Name			
Address							
City			Stat	te	Zip Code		
Email:			_ Phone:				
Birth Date (mon	nth & day on	y – not year): _					
Registered nam	es and "call"	names of Spring	ers owned ti	hat are act	ive this year. (L	Jse back of sheet if needed).	
	eder list will be	posted on the w	ebsite and pro	ovided to e	mail inquiries. In	S No order to be listed, a breeder must be a ding guidelines and standards of ethics.	
Membership [Dues						
•		-	year . Memb	-		Make checks payable to TCVESSA.	
Return form al	•				pership Type:		
Mary E Dahl, Membership Chair				☐ Individual \$20			
12478 State Highway 1 NW				Family \$30			
Thief River Falls, MN 56701 medahl@wiktel.com				☐ Jr. membership \$12 (must be under age 18)			
·					Canadian \$30	(please use U.S. dollars)	
Areas of Intere							
Please indicate							
☐ Conformation		☐ Trick Trai	-	□ Ob	edience	☐ Nose/Scent Work	
☐ Grooming c				☐ Tra	•	☐ Breeding/Genetics	
☐ Rally Obedie		☐ Handling	clinics	_	lity	☐ Dock Diving	
☐ Hunting, Fie	eld training	☐ Therapy [Dog		n Matches	☐ Canine Good Citizen	
☐ Springer res	scue	☐ Caring for	r a Pet	☐ Bai	n Hunt	☐ Temperament Testing	
Volunteer Con	nmitment						
I understand tha	at TCVESSA is	an "All Volunte	er Club" and	d it takes a	ll members' wil	lingness to help with activities in orde	
to keep the club	healthy. <i>I a</i>	m willing to don	nate at least	2 hours ar	nually to the cl	ub in:	
☐ Specialty Sh	iows	☐ Fun Matcl	hes	□ Ec	ducation	☐ Graphic Design	
☐ Obedience	Events	□ Website		□ A _ξ	gility Trials	☐ Sunshine Person	
☐ Board of Dir	rectors	☐ Newslette	er	□ A ¹	wards	☐ Hunt/Working Tests	
☐ Event Photo	ography	☐ Ring Stew	ard	□ Ва	anquet	☐ Bookkeeping & Archives	
□ New Memb	er Mentor	☐ CALL ME!					
I have the follow	ving skills tha	it I can share wi	th TCVESSA ₋				
Corresponden							
			-			ou cannot receive email and need	
correspondence	e sent by post	tal mail, please (check this bo	ox:I nee	ed postal service	2	

Signature: _____ Date: ____