

GERMAN SHEPHERD DOG CLUB OF AMERICA-WORKING DOG ASSOCIATION, INC.

MEMBERSHIP APPLICATION & RENEWAL FORM

Date	Check One: Applying f	for new membership			
		For renewal / Member N	lumber		
Applicant's Name			Check if this w	ill be a Family	Membership
Address		City		State	Zip:
Phone	Fax	Email			
Each family member must	complete and sign a separa	ate application. Enclose o	all family member ap	plications with	this application
☐ I would like to make will represent the Un I hereby request formal a Bylaws, Regulations and AGREEMENT As a condi "WDA") the undersigned in WDA, or any cause of action the qualifications of the paragreement, or any other iss shall, unless otherwise prohabilitation Association the arbitrator shall be selected by arbitrators shall otherwise of the uniterators sh	derive club news and annount a contribution to the 2009 and a contribution to the 2009 and a contribution to the GSDCA-Value and a contribution of the GSDCA-Value and a controversy or claim arising ticular entry at an event spoure arising from the administribited by law, be settled by an in effect. Each party sharp the two chosen by the part determine. Notwithstanding a procedures and guidelines, in	World Team Fund in the Inion of German Shephology, Inc. and if acceptowexist or may be substantially be subs	ted to membership, sequently adopted. by of America-Workin sy or claim arising ou entry, exhibition or at the A, or as to the constructions, procedures and rado, pursuant to the arom a list of arbitrato on shall be shared equipal to the cause of the ca	agree to be bounded agree to be bounded agree to be bounded agree to be bounded agree to for related to the tendance including the tendance including the tendance including the tendance including the tendance of action, continued agree to be bounded and regulation.	d, Germany. und by its Articles, ion, Inc., (hereinafter o membership in the ing but not limited to ation or effect of this bylaws of the WDA, ions of the American Colorado, and a third es unless the panel of
Applicant signature	Date				
Lifo Far Jun	ividual Membership: \$50 etime Membership: \$2500 mily Membership: \$75 (muior Membership (10 thru Inding of the club	(must be 18 years of agust be 18 years of age of	ge or older) r older; all must resi		
Sp	onsor's Signature	Prir	nt Name		Date
SEND <u>COMPLETED</u> & <u>SIGN</u>	ED APPLICATION & DUES TO	O: Joy Schultz, GSDCA-WI 732 Lindley Blvd. DeLand FL 32724 386-736-2486 (phone) – 3		aoffice@cfl.rr.con	n
If paying with Master Ca	rd or Visa:	4	, ,		
Cardholder Name, exactl	y as it appears on card	Address where you	receive your stateme	ent if different	from above
Credit Card Number			V-Code	Expiration	n Date
Cardholder Signature		Today's Date	_		

Rev. 7/11/09