



Canaan Dog Club of America, Inc. Membership Renewal

FOR OFFICE USE ONLY:
Check # _____ Dated: _____

Sign and return this form, along with dues payable to CDCA to:

Amy Preston, CDCA Membership Chair 81 County Home Rd Thompson CT 06277

OR

Mail signed, completed form to address above and submit dues via PayPal to cdca_treasurer@bellsouth.net. Please send a copy of your PayPal receipt to the Membership Chair.

Contact the Membership Chair at reliccanaans@yahoo.com with any questions.

This form is being submitted as:

- Renewal - Associate Member (Associate Members do not vote or hold office.)
Note: If you are an Associate Member eligible to become a Full Member, please include endorsing statements and signatures from two full members in good standing.
- Renewal - Full Member

Type	Single	Household
<input type="checkbox"/> Domestic <input type="checkbox"/> International ¹	<input type="checkbox"/> \$30	<input type="checkbox"/> \$35
I have included additional funds for:	<input type="checkbox"/> \$ _____ Health & Genetics	<input type="checkbox"/> \$ _____ Canaan Dog Rescue ²

¹ International members receive the newsletter in electronic format only.

² Please send a separate check for donations payable to CDRN.

Contact information:

First Member

First Name _____ Last Name _____
 Address 1 _____
 Address 2 _____
 City _____ State _____ Zip _____
 Country _____ Email _____
 Phones: Home _____ Work _____ Mobile _____

Second Member (For household membership only)

First Name _____ Last Name _____
 Email _____
 Phones: Home _____ Work _____ Mobile _____

Occupation:

Member 1: _____
 Member 2: _____

Kennel Name (if any): _____

Signatures:

Signature: _____ Date: _____

Signature: _____ Date: _____

By signing this membership renewal, member(s) agree(s) to follow and uphold the Constitution, By-Laws and Code of Ethics (signed copy on file for every member) of the Canaan Dog Club of America, Inc.



Canaan Dog Club of America, Inc.

Membership Renewal

Endorsements & Signatures

Attention CDCA Member(s) endorsing this application: you must provide a brief summary why this application should be considered for membership, please use back if more space is needed:

Endorser name: _____

Signature: _____ Date: _____

Attention CDCA Member(s) endorsing this application: you must provide a brief summary why this application should be considered for membership, please use back if more space is needed:

Endorser name: _____

Signature: _____ Date: _____

Application for Full Membership (Must have been an associate member for one full year) *Note: This application must include endorsing signatures and statements from two full members in good standing, from separate households.*