



**German Shorthaired Pointer  
Club of America  
Club Membership Renewal**  
Club Renewals may be made online at [www.gspca.org](http://www.gspca.org)



*If you have questions regarding renewing your Club Membership, please contact Cynthia McCracken at 814-467-3521 or [membership@gspca.org](mailto:membership@gspca.org).*

Secretary Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP+4 \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

President Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Treasurer Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Please indicate Club activities with (P) Participate or (I) Interested:**

Show \_\_\_\_\_ Field Trial Horseback \_\_\_\_\_ Field Trial Walking \_\_\_\_\_ Hunting \_\_\_\_\_ Hunt Test \_\_\_\_\_

Agility \_\_\_\_\_ Obedience \_\_\_\_\_ Rally \_\_\_\_\_ Tracking \_\_\_\_\_ Rescue \_\_\_\_\_ Companion/Pet \_\_\_\_\_

Other (please explain) \_\_\_\_\_

**Dues information:**

C – Club Membership	\$125.00
---------------------	----------

**If the club would like to donate to any of the funds below, please indicate your club’s choice and the amount, and submit with your renewal dues.**

National Specialty Show Trophy Fund \$ \_\_\_\_\_ National Field Trial Trophy Fund \$ \_\_\_\_\_

National Rescue Program \$ \_\_\_\_\_ National Amateur Gun Dog Championship Trophy Fund \$ \_\_\_\_\_

You may submit your membership renewal online at [www.gspca.org](http://www.gspca.org)

**or mail this renewal form with your payment, Club Membership, Officer lists and dues check payable to GSPCA:**

GSPCA Membership  
Cynthia McCracken  
3026 Tidwell Road • Burke, TX 75941-6173  
Email: [membership@gspca.org](mailto:membership@gspca.org)

I hereby renew our membership in the German Shorthaired Pointer Club of America and enclose my dues. I agree to abide by the Constitution and By-Laws of the GSPCA, the GSPCA Code of Ethics the rules and regulations of the American Kennel Club, of which the GSPCA is a Member Parent Club.

Total: \_\_\_\_\_

[ ] Check enclosed or bill my [ ] VISA or [ ] MasterCard # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Date: \_\_\_\_\_ Applicant’s Signature \_\_\_\_\_

**Membership year is from January 1 thru December 31. All payments must be in US \$.**  
Per the Constitution and By-Laws a membership will be considered lapsed and automatically terminated if such member’s dues remain unpaid on March 1 (sixty (60) days after January 1).