



GSPCA NEW MEMBERSHIP APPLICATION



Application may be made online at www.gspca.org

PLEASE Print

Name: _____

Address _____

City _____ State _____ ZIP (+ 4 required) _____

Primary Phone # _____ Phone #2 _____

Primary Email _____ Email #2 _____

Contact by email? Yes ___ No ___

Occupation: _____

Are you interested in sharing your talents on a Committee or for an event? Yes ___ No ___

Please indicate your interests/activities: (Please indicate (P) Participate, (I) Interested)

Show ___ Field Trial Horseback ___ Field Trial Walking ___ Hunt Test ___ Hunting ___ Agility ___ Obedience ___

Rally ___ Tracking ___ Rescue ___ Therapy Dog ___ Companion/Pet ___ Dock Diving ___ Other _____

How long have you owned a GSP? _____ Have you ever bred a GSP litter? _____

Please list any other dog clubs to which you belong: _____

Have your privileges with the American Kennel Club or your membership in any dog club ever been refused, suspended or revoked? No ___ Yes ___ If yes state Reason _____

How did you hear about the GSPCA?

Former Member ___ GSPCA Web Site ___ AKC Web Site ___ Social Media ___ Breeder (name) _____

Sponsored by: _____ Sponsor Phone #: _____

Membership year is from January 1 thru December 31. All payments must be in U.S. funds.

Annual dues:

___ Individual: One person over 18	\$37.00
___ Family: Two (2) people over 18 at same address	\$42.00
___ Individual Outside US: One person over 18	US \$50.00 (includes Canada)
___ Family Outside US: Two (2) people over 18 at same address	US \$55.00 (includes Canada)
Subscription (1 year Journal pdf access only ~ no voting)	US \$30.00 (includes Canada)

I hereby apply for membership in the German Shorthaired Pointer Club of America and enclose my dues. If elected to membership, I agree to abide by the Constitution and By-Laws of the GSPCA, the GSPCA Code of Ethics and the rules and regulations of the American Kennel Club, of which the GSPCA is a Member Parent Club. (Election to membership may take up to 90 days)

[] Check Enclosed or [] Bill my card (we accept Visa, MasterCard, AmEx, Discover.)

Card # _____ CVV# _____ Exp. Date _____

Date: _____ Applicant's Signature _____

**Send completed form with dues payable to GSPCA to:
Loralei Dewe, GSPCA Membership Chair, 5916 Sunnybrook Lane, Dixon, CA 95620-9406**