

Annual Membership Dues Form

	•	
NOTE: You only need to complete * (Your Name) if your contact information has not changed.		
*Our constitution has been amended to allow Associate Members. Please indicate which type of membership you want for 2020: Full Membership (voting rights and perks) \$20/individual		
☐ Associate Membership (support club from a distance, no meeting requirements) \$15/individual		
, (,	3 - 4 - 5 - 5 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7
Your Name*		Phone
Address		
Address		
City, State, Zip	Email	
, , ,		
I agree to accept electronic notice of club meetings, dues notices, minutes and letters including board meetings by email or other allowed media. I agree the club will have no liability for such notification being received late or not received by me due to circumstances beyond the club's control. □ Yes □ No		
*I agree to abide by the constitution and bylaws and the rules of The American Kennel Club.		
Signature		Date
Renew & Pay Online		
https://pci.jotform.com/form/252328007417149		
Payment will show as 'My Dogs Gym' on your credit card statement.		
Mail form with your check payable to PNW Scent Work Club		
DNIM Scont Work Club C/O Judi James		
PNW Scent Work Club C/O Judi James 6237 Arbordale Dr SE, Salem, OR 97317		
ozor Albordaic Di Sz, Salcill, Olt 37317		
More Details at https://pnwscentworkclub.com		