



The Portuguese Water Dog Club of America, Inc.

ASSOCIATE MEMBERSHIP APPLICATION

(please print or type)

Name: _____ Phone (home): _____

Phone (office): _____
Address (home): _____ Phone (fax): _____

e-mail address: _____

PORTUGUESE WATER DOG(S) OWNED

<u>Registered Name</u>	<u>Sex</u>	<u>Call Name</u>	<u>Whelped (DOB)</u>	<u>Breeder(s)</u>
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Signature: _____ Date: _____

Signature: _____ Date: _____

DUES: Please indicate which type of membership you are applying for:

Associate Member - Domestic \$50.00 []

Associate Member - International \$75.00* []

Additional Household Member \$15.00 []

* U.S. currency

Dues will be prorated for the second year to reflect partial first year membership.

Send completed and signed application with check, made payable to PWDCA, Inc. to:

Steven Beder
Membership Chair
PWDCA, Inc.
511 Rockland Street
Westbury, NY 11590