



GSPCA MEMBERSHIP RENEWAL APPLICATION



Application may be made online at

<https://gspca.memberclicks.net/membership-application>

Please Print

Name: _____

Home Street Address _____

City _____ State _____ ZIP +4 _____

Primary Phone # _____ Phone #2 _____

Primary Email: _____ Email _____

#2: _____ Contact by _____

email? Yes ___ No ___

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

The membership year is from January 1 through December 31. All payments must be in U.S. funds.

The membership:	Annual dues:
Individual Membership with E-Copy of Shorthair Journal	\$45.00
Individual Membership with hard copy Shorthair Journal	\$50.00
Family Membership with E-Copy of Shorthair Journal	\$50.00
Family Membership with hard copy Shorthair Journal	\$55.00
Merit Individual Membership with E-Copy of Shorthair Journal	\$35.00
Merit Individual Membership with a hard copy of the Shorthair Journal	\$40.00
Merit Family Membership with E-Copy for Shorthair Journal	\$40.00
Merit Family Membership with hard Copy for Shorthair Journal	\$45.00
Foreign Family Individual Membership with E-Copy of Shorthair Journal	US \$58.00
Foreign Membership with E-Copy of Shorthair Journal	US \$63.00
Foreign Individual Merit Membership with E-Copy of Shorthair Journal	US \$48.00
Foreign Family Merit Membership Merit with E-Copy of Shorthair Journal	US \$53.00
If you are a Junior Member (under 18)	Complementary

If you would like to donate to any of the items below, please indicate your choice and the amount and submit it with your renewal dues.

National Specialty Show Trophy Fund		National Field Trial Trophy Fund	
National Amateur Gun Dog Championship Trophy Fund		National Rescue Program	

I hereby renew my membership with 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 rules, and regulations of the American Kennel Club, of which the GSPCA is a Member Parent Club, and I have read and understand the Code of Ethics.

[] Check Enclosed

Bill my [] VISA or [] MasterCard # _____ CVV _____ Exp. Date _____

Date: _____ Applicant's Signature _____

**Send the completed form with dues payable to GSPCA to:
Joanna Yeomans GSPCA Membership Chair, 10372 Indian Road; Gloucester, VA 23061**