

CHIHUAHUA CLUB OF AMERICA MEMBERSHIP RENEWAL

January 1, 2019

ANNUAL DUES ARE \$25 PER PERSON Membership dues are due and payable by JANUARY 1st EACH YEAR.

**PER THE CONSTITUTION CHANGE AS OF FEBRUARY 4, 2009
CCA DUES GRACE PERIOD OF 60 DAYS EXPIRES ON MARCH 1, 2019**

LATE FEES WILL BE APPLIED AS FOLLOWS:

JANUARY 1 - JANUARY 31, 2019 - \$30 per person | FEBRUARY 1 - FEBRUARY 28, 2019 - \$35 per person

I (WE) am/are renewing my/our membership in the CHIHUAHUA CLUB OF AMERICA and agree that I (We) will abide by the Club's Objectives, Code of Ethics and by the Rules of the American Kennel Club. I (We) agree to receive correspondence, dues notices, and/or meeting notices via electronic mail from the CCA Board. Please sign the membership renewal form. In order for your email & web address to be listed on the CCA Site, we must have a SIGNED CODE OF ETHICS ON FILE . Your email and website address is not automatically added and you need to request that the Webmaster add your information to the website.

Renewal Date: _____ I (WE) am/are enclosing a check for my dues for \$25 x _____

I/WE would like to make an additional payment of \$ _____ that would go to the following fund(s):

Rescue Chihuahua Health Related Issues Fund Juniors Ways & Means Trophy

Total \$ _____

Name(s): _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____ Email: _____

Members Signature: _____

Members Signature: _____

I (WE) am/are interested in serving on the following Committees Please specify your areas of interest or expertise:

This completed form must accompany payment of membership dues. Please make check or money order payable to the CHIHUAHUA CLUB OF AMERICA. Please do not include any other payment with your dues check, other than what is listed above. Any check submitted to CCA that is returned must be replaced with a money order or cashiers check for that amount, plus a \$25 returned check fee. Unless funds are received prior to the deadline, membership will not be renewed.

Please make checks payable to CCA and send to Treasurer:

KYLE POTTS, 16619 Fort Oswego St, San Antonio TX 78247-1033 || Kylepottstx@aol.com | 210-656-2417

CCA CLUB USE ONLY: Date: _____ Check # _____ Dues Paid: \$ _____ Check No _____
Rescue _____ CHRIF _____ Juniors _____ Trophy _____