



Please return this form by **Dec 31st** to keep your membership current.

Swedish Vallhund Club of America, Inc. Membership Renewal Application

(Please print plainly and complete both pages)

NAME: _____

KENNEL NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ OCCUPATION: (optional) _____

EMAIL: _____

WEBSITE: _____

AREAS OF INTEREST WITH YOUR DOGS: (please check those that apply and use back of application if necessary)

Obedience Rally Tracking Agility Herding CAT/FastCAT

Show/Conformation Therapy work Rescue Fly ball Barn Hunt

Service dogs Other _____

COMMITTEE & AREA OF VOLUNTEER INTERESTS FOR SVCA:

Awards Membership Education Show Judge Education

Rescue Newsletter Genetics/Health Archives/Historian

Ways & Means Website Trophies Other _____

(please use back of application if necessary)

OTHER AREAS OF INTEREST YOU ENJOY: (please use back of application if necessary)

Photography Crafts Sewing

Other _____

Are you willing to be a Swedish Vallhund contact person in your area? _____

JR. MEMBER NAME: _____ BIRTHDATE: _____

In order to save costs of printing and postage, and to find a timely way of getting information to the membership, we have established a SVCA members-only groups.io email list. Our Treasurer/Membership Coordinator is one moderator for this list. If you have not yet joined the list by invitation, please contact 1SVCATreasurer@gmail.com so that we can send you an invitation to the list. Should you wish to respond, have questions or issues for the SVCA, please send an email or call any of the board members, or committee chairs.



I, the undersigned, a member of the Swedish Vallhund Club of America agree to accept notification of all meetings of the General membership, the Board of Directors or any SVCA COMMITTEE, by electronic mail (e-mail) or via the SVCA website. Further, all General Membership Meeting Minutes, Board Minutes and Committee reports shall be sent via electronic mail. I understand that, by signing this document, that I am releasing the club from any liability should meeting notifications be received late or not at all. The e-mail address that I desire such notification sent to is listed above. I further understand that I may revoke this authorization by written notification to the Board of Directors.

Those not having email access initial here to revoke this authorization: _____

Membership Dues

Single Membership	\$30.00 per year	
Jr. Member	\$5.00 per year	With required adult member sponsorship

(NOTE: Regular members must be at least 18 years of age.)

Additional Donation: SVCA APPRECIATES ALL DONATIONS. Thank you for your consideration.

General: _____ Rescue: _____ Trophy Fund: _____

Other: _____

I agree to abide by the Constitution and By-Laws and SVCA Guidelines governing the SVCA.

Signature(s): _____ Date: _____

_____ Date: _____

The SVCA respects your privacy Please check this box if you wish to Opt-out from having your contact information posted in the membership section of the SVCA Groups.io files

Mail or email application and fee payable to: **Swedish Vallhund Club of America:**

Meg Hennessy
SVCA Treasurer/Membership Chair
PO Box 257
Marengo, IL 60152
email: 1SVCATreasurer@gmail.com

You May also pay renewal fees via PAYPAL by sending \$31.20 (includes PayPal Fees) to:

1SVCATreasurer@gmail.com
or use Zelle (Preferred with no additional fee) use
1SVCATreasurer@gmail.com

You can also mail your check to
Meg Hennessy SVCA Treasurer/Membership Chair
PO Box 257
Marengo, IL 60152

OFFICE USE ONLY

Treasurer:
Date Rec'd: _____
Amt of Dues Sent: _____

Membership Chair/Delegate:
Date Rec'd: _____

Date Entered in Database: _____

Date Packet Mailed: _____

OFFICE USE ONLY

Membership Chair/Delegate:
Date Rec'd: _____
Date Entered in Database: _____
Amt of Dues Sent: _____
Checks mailed to Treasurer _____