



Save Time!
You can **renew online**
in the Member Center at
www.pwdca.org

MEMBERSHIP RENEWAL FOR 2024

January 1

Dues are due

January 31

Privileges are suspended
if dues are unpaid

March 1

Membership is terminated
if dues are unpaid

As a member of the PWDCA, Inc., I agree to abide by the PWDCA, Inc. ByLaws, Certificate of Incorporation, and Code of Ethics, as well as AKC rules and regulations.

Primary Member Name

Second Member Name (same address)

New Mailing Address, Email, and/or Mobile Number (**ONLY if changed within past 12 months**)

New City

State/Province

ZIP/Postal Code

Country (if not U.S.)

The PWDCA respects your privacy. Your information will not be shared or sold to other organizations or businesses.

MEMBERSHIP DUES, COURIER POSTAGE OPTIONS, AND DONATION

Membership in the PWDCA, Inc. is by individual. Dues are discounted for second and subsequent members at the same address. A printed subscription to *The Courier* is included in membership (one per address); delivery by US Bulk Mail is included for U.S. residents at no charge. Membership dues and donations to PWDCA, Inc. health or scholarship funds are not tax deductible.

Annual Membership Dues & Courier Postage Options

Item		Cost
Dues: 1 st /only member	1	\$
Dues: Each additional current member at same address \$20		\$
Junior Member (Free)		\$ 0
Bulk Mail delivery of <i>The Courier</i> to U.S. address (included)		\$ 0
Paid delivery for <i>The Courier</i> : <ul style="list-style-type: none">• Address in Canada or Mexico (\$60)• Address outside the U.S., Canada, or Mexico (\$80)• Delivery upgrade to First Class Mail for a U.S. address (\$45)		\$
TOTAL Membership Dues & Optional Postage		\$

Optional donation to a PWDCA, Inc. Fund (select only one, not tax deductible)

- | | |
|---|---|
| <input type="checkbox"/> <i>The Courier</i> | <input type="checkbox"/> Eye |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Gastrointestinal/IBD |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> General Health |
| <input type="checkbox"/> Endocrine
(includes Addison's & Thyroid Diseases) | <input type="checkbox"/> Orthopedic |
| | <input type="checkbox"/> Deyanne Miller
Scholarship Fund |

Donation \$

GRAND TOTAL \$

PAYMENT

Check/money order #: _____ in U.S. dollars payable to PWDCA, Inc.

OR

Mastercard

Visa

Discover

Card # _____ Exp.(MM/YY) _____ Code _____

Name on Card: _____

Signature: _____

MAIL TO:

Nicole Bearman
PWDCA Membership
N9618 Noe Rd
Appleton, WI 54915-9309

QUESTIONS? membership@pwdca.org