



**SV/WUSV PROGRAMS MEMBER CLUB  
APPLICATION or RENEWAL FORM**

Club Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

**OFFICERS and DIRECTORS**

President \_\_\_\_\_ GSDCA Member # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Vice-President: \_\_\_\_\_ GSDCA Member # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Secretary \_\_\_\_\_ GSDCA Member # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Treasurer \_\_\_\_\_ GSDCA Member # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Training Director \_\_\_\_\_ GSDCA Member # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Annual Dues: 10 members \$45 / 11-30 members \$65 / 31 and over members \$85**

**Please enclose with this Renewal-Application:**

Proof of Insurance and  
Bylaws if new club application

**Payment Options:**

Enclose check made payable to GSDCA or go to  
<http://store.gsdca.org/product-p/sv-club-dues.htm>

**Submit forms and check (if applicable) to Joy Schultz, 1350 Centerville Ln. #49, Gardnerville, NV 89410**

**MEMBERSHIP LIST**

Name \_\_\_\_\_ GSDCA Member # \_\_\_\_\_

Street Address \_\_\_\_\_

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