

**TRAIL'S END VIZSLA CLUB OF OREGON
(TEVCO)**
Membership Renewal & Application Form — approved 09.10.07
** * * Please Complete Both Sides * * **

This application is submitted for:

INITIAL APPLICATION FOR MEMBERSHIP

ANNUAL RENEWAL OF MEMBERSHIP

RENEWAL OF LAPSED (less than 12 months) MEMBERSHIP - - - Year Originally Joined: _____

Date: _____

I apply for membership or renewal of membership in TEVCO and agree to support the club's Bylaws. I agree to encourage high standards in breeding, training, and showing of Vizslas and to promote the welfare of and demonstrate excellent stewardship of the Vizsla breed in all respects. I understand that I must be eighteen years or older to be eligible for membership. I understand that Membership in TEVCO entitles me to a voice in Club Policies and a vote in all Club elections and other matters.

APPLICANT'S SIGNATURE:

APPLICANT'S SIGNATURE:

- TEVCO dues are payable on or before December 31st of each year.
- Membership lapsed for more than one year requires reapplication for membership.
- All memberships include the newsletter.

Payment is enclosed as follows:

<u>Membership Dues:</u>	Regular Individual Member (single adult): \$ 10.00	\$ _____
	Regular Family Membership (2 adults; 2 votes): \$15.00	\$ _____
	Junior Membership (less than 18 years old) – no dues	\$ <u>none</u>
	Newsletter Only Membership (non-voting): \$8.00	\$ _____
	Membership Lapse Penalty (less than 12 months) \$ 10.00	\$ _____
<u>Donations:</u>	<u>TEVCO</u> Vizsla Rescue Fund:	\$ _____
	<u>TEVCO</u> General Fund:	\$ _____
	<u>Total payment (U.S. Dollars only, please)</u>	\$ _____

Make checks payable to: TEVCO.

NOTE: TEVCO has sole authority to use any and all contributions for purposes consistent with its Bylaws, operating procedures and policies, and purposes.

MAIL THIS FORM TO:
 Kay Kraft,
 PO Box 588,
 West Linn, Oregon, 97068-2204.
 503-636-5539

→→→→→* * * * * **Please Complete Both Sides** * * * * * ←←←←←

REQUEST FOR MEMBER INFORMATION

NOTE: TEVCO does not share its membership listing or membership contact information with other organizations.

RENEWALS – PLEASE PROVIDE ANY CHANGES – OR, CHECK →→→ THERE ARE NO CHANGES

NAME(S):

1. _____
LAST NAME FIRST INITIAL

Occupation: _____

2. _____
LAST NAME FIRST INITIAL

Occupation: _____

ADDRESS:

_____ KENNEL NAME (OPTIONAL)

_____ STREET ADDRESS

_____ CITY STATE ZIP

PHONE(s): _____ **Do NOT print in directory**

E-MAIL ADDRESS: _____ **Do NOT print in directory**

SPONSOR (required only of new members): _____

Are you a member of the VCA? YES NO **Name of VCA Sponsor:** _____

Number of Vizslas you currently own: Male _____ Neutered Male _____ NONE _____
Female _____ Spayed Female _____ NONE _____

Dog(s)'s Registered and Call Name(s): _____

Formal activities you are involved in:

Field Trials	Conformation Shows	Jr. Showmanship	Therapy
Hunt Tests	4-H	Breeding	Other
Obedience Trials	Canine Good Citizen Tests	Breed Rescue	_____
Agility Trials	Fun Matches	Tracking	_____

Other informal activities you are involved in:

Family Companion	Camping	Walking	Hiking
Hunting	Running	Exercise Routine	Other _____

Club Activities you'd like to become involved in or learn about:

Fun Field Day	Conformation	Dog Park Group	Other (list)
Hunt Tests	Fun Matches	Book Group	_____
Obedience Training	Show Training	Breeding	_____
Agility Training	Breed Rescue or Foster		

In which of these areas, or others not listed, are you able to help the Club?

