



SSDCA Membership Renewal

Please complete the form and return with payment to:

SSDCA Inc.
P.O. Box 61
Machias, NY 14101

Name: _____

Membership #: _____

Address: _____

City: _____ ZIP / Postal Code _____ State/Prov. _____

Country: _____ Contact Phone #: _____

Email address: _____

Registered Kennel Name (if any): _____

Website / Blog (if any): _____

Fee submitted by: Paypal (please use online link)
 Check (made payable to the SSDCA Inc.)

Renewal Fee submitted: \$25 - 1yr
(Please circle) \$50 - 2yr
\$75 - 3yr

Signed: _____ Date: _____