

W.A.C. RENEWAL MEMBERSHIP FORM



Thank you for RENEWING your Weimaraner Association of Canada membership.

Please provide your name and any changes to your information below.

EMAIL this form to your Membership Coordinator – Margaret Lehmann at weimars@shaw.ca

PAYMENT OPTIONS:

E-TRANSFER	CHEQUE/BANK DRAFT (by mail)
<p>wacanada.treasurer@gmail.com</p> <p>(please make the password "membership")</p>	<p>WAC SECRETARY/TREASURER Bronwyn MacDonald 247 Harvey St. Orillia ON L3V 3M5</p> <p><i>Please make cheques or drafts payable to the WEIMARANER ASSOCIATION OF CANADA</i></p>

Full Name (s): _____

(If Family Membership, please give full name of all family members)

Email Address: _____

If you have moved or need to update your address/phone number/any other contact information, please email Margaret Lehmann at weimars@shaw.ca

Areas of Interest:

<input type="checkbox"/>	Conformation	<input type="checkbox"/>	Agility	<input type="checkbox"/>	Tracking
<input type="checkbox"/>	Field/NAVHDA	<input type="checkbox"/>	Obedience/Rally	<input type="checkbox"/>	Other _____

Type of Membership:

<input type="checkbox"/>	Single (\$25)	<input type="checkbox"/>	Family (\$30)
<input type="checkbox"/>	Breeder's Listing (\$21)	<i>minimum of 2 years continuous membership required to qualify</i>	

Would you like to make a donation? Rescue \$ _____ Trophy Fund \$ _____

Can you Volunteer?

<input type="checkbox"/>	Education & Programs	<input type="checkbox"/>	Nominating Committee	<input type="checkbox"/>	Newsletter
<input type="checkbox"/>	Website	<input type="checkbox"/>	Archives/Other	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Trials	<input type="checkbox"/>	Matches	<input type="checkbox"/>	Shows/Specialties

*I have read the **Breeder's Code of Ethics** and agree to abide by this Code and the **Constitution** of the WAC. I also agree to permit the information supplied on this form to be used by the WAC in its normal course of business*

Yes _____ No _____