HSDAA 2024 Membership Dues Renewal



For Household members, please complete your name, phone number and email address for each household member. Your mailing address should be the same.

				2001	
Member	r number if known:				
First Member Name:		Second Member Name:			
F: 4.55					
First Me	ember Email:		Second	l Member Email:	
First Ma	ember Cell Phone:		Second	Member Cell Phone:	
I II St IVIC	sinder den i none.		Occoma	Member Sent Hone.	
Alternative Phone (if any):		Alternative Phone (if any):			
Address	s:				
City, Sta	ate, Zip:				
Kennel Name (if any):		Membership Type:			
	, ,				
Website	e Name (if applicable):			Household: \$60	
				Individual: \$50	
				International: \$60	
or, pieas	se print the form, and mail with a	L	ilian Capetti Membership Ch	nair	
	P.O. Box 81				
		Burli	ngton, WI 53105		
	ANT NEW INFORMATION:	from loot :	voor thoro is no	need to fill out the form. Please preced to	
	: Options below. You can add yo			need to fill out the form. Please proceed to	
<u>r aymont</u>	Spriono Sciewi Tod carrada yo	<u> </u>	1011 to your mor	nsoromp adoc in one paymona	
	Please use one of the following Payment Options:				
☐ Zelle	,				
-	PayPal (add \$2 fee to dues) (Email: hsdaa2007@gmail.com)				
	Check (Mail to Lilian Capetti address above) Credit Card (add \$3 fee) (Request an invoice to be sent via email)				
☐ Credi	, ,	•	invoice to be se t is Due by 1/1/2	,	
DOM 4 TIG		•	-		
DONATIO	ONS: If you would like to make a	donation	in addition to yo	our dues, please specify amount(s) below:	
Г		Dues:	\$		
-					
_		Donation:	\$		
	Payme	nt Total:	\$		