

Spoon River Chapter

NAVHDA

MEMBERSHIP APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone _____

E-mail Address _____

NAVHDA International Member #: _____

Breed & Age of Dog(s) _____

Please enclose a check for **\$35.00** made payable to **Spoon River NAVHDA**

Mail to: Spoon River NAVHDA

TERRY POSTIN

950 S. 3RD AVE.

CANTON, IL 61520