



**Twin Cities  
Voyageur  
English  
Springer  
Spaniel  
Association**

# Membership Application

Please return along with your check payable  
To TCVESSA to:  
Alice Musburger  
626 South Swift Avenue  
Litchfield, MN 55355  
rosebudspringers@gmail.com

**PLEASE FILL OUT THE ENTIRE FORM**

## For Office Use:

Date of First Reading: \_\_\_\_\_

Date of Second Reading: \_\_\_\_\_

Check # \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Address: Street Address \_\_\_\_\_ Unit# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work or Cell Phone (circle one) ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Membership Type: IF YOU ARE A NEW MEMBER, WOULD YOU LIKE A MENTOR?  Yes  No

- Family \$30.00 per year  Individual \$20.00 per year  
 Jr. Membership (Must be under age 18) \$12.00 per year  Canadian \$30.00 per year (please send in US dollars.)

**Registered names and "call" names of Springers owned that are active this year. (Use back of sheet if needed).**

\_\_\_\_\_  
\_\_\_\_\_

**Do you want to be included on the TCVESSA Breeder Referral List? Yes  No**

The TCVESSA breeder list will be available via website and phone inquires. In order to be listed, a breeder must be a member in good standing of TCVESSA and promise to abide by the ESSFTA dog breeding guidelines and standards of ethics.

### I am interested in:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Conformation Exhibition            | <input type="checkbox"/> Breeding and Pedigrees                 | <input type="checkbox"/> Tracking and Nose Work         |
| <input type="checkbox"/> Grooming Clinics                   | <input type="checkbox"/> Handling Clinics                       | <input type="checkbox"/> Fun Matches                    |
| <input type="checkbox"/> Rally Obedience                    | <input type="checkbox"/> Obedience Training/Exhibition          | <input type="checkbox"/> Agility Training/Exhibition    |
| <input type="checkbox"/> Hunting, Field Training/Exhibition | <input type="checkbox"/> Living & Caring for a well-trained pet | <input type="checkbox"/> Health, Temperament, Genetics  |
| <input type="checkbox"/> Springer Rescue Work               | <input type="checkbox"/> Therapy Dog or Service Dog Work        | <input type="checkbox"/> Other, please describe on back |

**I understand that TCVESSA is an "all volunteer club" and it takes all members' willingness to help with activities in order to keep the club healthy. I am willing to donate at least 2 hours annually to the club in:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Specialty Shows    | <input type="checkbox"/> Newsletter           | <input type="checkbox"/> Hunt Tests/Working Dog Tests |
| <input type="checkbox"/> Obedience Events   | <input type="checkbox"/> Ring Steward         | <input type="checkbox"/> Bookkeeping/Archives         |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Education Committee  | <input type="checkbox"/> Awards/Trophies              |
| <input type="checkbox"/> Event Photography  | <input type="checkbox"/> Sunshine Coordinator | <input type="checkbox"/> Annual Banquet               |
| <input type="checkbox"/> Fun Matches        | <input type="checkbox"/> Graphic Design       | <input type="checkbox"/> New Member Mentor            |
| <input type="checkbox"/> Website            | <input type="checkbox"/> Agility              | <input type="checkbox"/> Call Me                      |

I have the following special skills I can share with TCVESSA \_\_\_\_\_

From time to time, TCVESSA may offer the roster of mailing addresses of club members in exchange for corporate donations to our annual fundraising raffles, If you would like your name and address withheld from this process please check the opt-out box.

I would not like my mailing address shared with anyone outside of the club.

TCVESSA will send all correspondence including the VOX (the club newsletter) via email. If you cannot receive email and need correspondence sent by postal mail, please check this box:  I need postal service correspondence

Signature: \_\_\_\_\_  
Birth DATE (not year) for Sunshine Coordinator \_\_\_\_\_

**Dues payments are due on or  
Before January 1 each year  
Memberships expire on April 1.**