



ROCKY MOUNTAIN IRISH WOLFHOUND ASSOCIATION

www.RMIWA.org

DUES NOTICE – Calendar year 2010

NAME(S) _____ E-mail Address: _____

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (Home) _____ (Work) _____ (FAX) _____

Do not publish home phone or e-mail to general membership

DUES & RESCUE DONATION:

\$15.00 ___ Associate (Non-Voting)

\$20.00 ___ Single (Voting)

\$25.00 ___ Family (Voting)

Associate Membership. Open to one or two persons eighteen years of age and older who may not vote nor count in the determination of a quorum, pay a reduced rate of dues and are not eligible to hold office.

Active Single Membership. Open to one person eighteen years of age and older who shall have a single vote at all Association meetings and be eligible to hold office.

Active Family Membership. Open to two persons eighteen years of age and older who shall have a single vote per individual in this unit at all Association meetings and be eligible to hold office.

Because we must have a quorum at meetings for voting, we ask that you renew as Associate Member(s) if you expect to miss three or more meetings during the year. VOTING MAY ONLY BE DONE IN PERSON AT MEETINGS.

\$ _____ **Rescue Donation** Rescue Donation. If you are also including a donation to the RMIWA Rescue Fund please note the amount.

Make check payable to RMIWA. Mail all renewals to: Michael Hussey, 36895 View Ridge Dr., Elizabeth, CO 80107.

Renewals **MUST** be delivered to Michael Hussey in person or at the above address in order to be accepted.

INFORMATION:

Welfare _____ I will accept a homeless IW under certain conditions. Please send an application form.

Number of IWs currently owned: _____

News about you and/or your IWs:

REMINDER: Don't forget to send your 2009 Title information! See enclosed sheet.