

Subject: 2021 DUES RENEWAL TIME

Dear Member, Club, or Organization,

To renew your MPDBA membership for 2021 please fill in the attached electronic form in its entirety. **If you are emailing the form back, type your name in the boxes requiring a signature. On an electronic form this will be considered your legal signature as it will be coming from your email address.** If you are printing the form out and mailing it, sign as normal. Same applies for the signer of club/organization or commercial members.

Double click on the form attached, it will automatically open in Acrobat. Fill in the form (if emailing, type your name where the signature goes). Save the document to your desk top or other appropriate folder.

Return via email - Hit reply to this email then attach the new document you have saved to your desktop and hit send. You must mail your check separately (made out to MPDBA) to the address on the form. Your renewal will not be complete until your check is received.

Return via mail - Fill out attached form, print, sign in appropriate spaces. Mail with your check (made out to MPDBA) to the address on the form.

THE ABSOLUTE DEADLINE IS MAY 1th. DO NOT SEND CASH.

Thank you
Barb Armour

Membership Chair
sundog3@popp.net
651-373-4633



Minnesota Purebred Dog Breeders Association 2021 Commercial Membership Renewal Form

Complete the form (with signature) and return, with fees **NO LATER THAN May 1, 2021**. Renewal fee is \$40.00. **An officer MUST sign this form.** To qualify to bench and/or demo at the State Fair, you must have completed the renewal form by May 1 because the Fair needs the info. This is intended to avoid the last minute scramble in State Fair scheduling which begins in May and needs to be finalized for publishing by the State Fair's deadline of mid-June.

Name of organization: _____

Address _____ Phone _____

City _____ State _____

E-mail _____ Website _____

****NOTE: The above information is what will be printed in the directory and posted on the website.**

General Information

Is this organization a subsidiary of a larger corporation: [] Yes [] No

Name of Principal Partner or President _____

Business Address (if different from organization): _____

City/State/Zip: _____

Telephone Number: _____

Type of business or services engaged in: _____

Representative to MPDBA (If same as president, please indicate same)

Name: _____ Telephone Number _____

Address: _____

City/State/Zip _____

(Signature of an Officer)

Date _____

Make check payable to MPDBA, return form and check to:

Barb Armour – Membership Chair

920 Stryker Avenue, St. Paul, MN 55118

sundog3@popp.net (651) 373-4633