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Maremma Sheepdog Club of America

Committee Volunteer Form

Your Information			
Name:			
		Last	
Email:		Phone: ()	
Address:			
City:		State:	_
Zip:	Country:		
Membership Type ☐ Individual Ful ☐ Associate Me	l Member	rrent Full or Associate members	of the MSCA.
`	s) Previous or currer and what years?	nt MSCA Committee involvement?	Y⊒Yes □No
Which Committee(s) are you □Fundraising □Education	ou interested in? □Newsletter □Health	□History □Nominating committee(s)?	□Rescue
Special knowledge or experi	ence:		
	For more informat	ion, please use back of form	
Are you interested in being a ☐Yes ☐No	a Committee Chair? □Maybe, I need mo	re information	
Signature:			
	Date	e:	