



American Maltese Association 2024 Membership Renewal

Please fill in monetary amounts and your information on this form.
RETURN THIS SHEET WITH YOUR DUES

Name _____ Phone: _____

Address: _____ Cell: _____

City/State/Zip _____

Email _____ Club Interest: _____

YEARLY MEMBERSHIP DUES	USA	\$35.00	\$ _____
	Foreign	\$85.00	\$ _____
	Associate	\$25.00	\$ _____
	Juniors	\$20.00	\$ _____
	Kennel Name Listing in AMA Roster	\$5.00	\$ _____

Kennel Name _____

If you wish, you may include donations for any of the AMA Funds with your dues. Please indicate the amount and which fund you wish to support.

ATTENTION MEMBERS:

By renewing my membership to AMA, I hereby agree to abide by the current Code of Ethics.

The current Code of Ethics may be reviewed on the AMA Website – www.americanmaltese.org.

AMA Health Fund	\$ _____
AMA Education Fund	\$ _____
AMA General Fund	\$ _____
AMA Specialty Trophy Fund	\$ _____
AMA Sunshine/Frost Awards	\$ _____
AMA Rena Martin Trophy Fund	\$ _____
AMA Breeder Referral List Fee (\$60.00) (Print and complete separate form and include)	\$ _____
TOTAL of enclosed check	\$ _____

DUES DEADLINE
June 30, 2024

Dues received after the deadline may not be included on the 2024 Roster.

Make check payable in US dollars to: **American Maltese Association**
Return this form with check to: **American Maltese Association**
% Amy Preuett, Treasurer
302 Coaling Road, Charlotte, TN 37036

YOUR NEW ROSTER WILL BE EMAILED IN AUGUST 2024

