



# American Maltese Association 2025 Membership Renewal

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Club Interest: \_\_\_\_\_

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

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](http://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)	\$ _____
<b>TOTAL of enclosed check</b>	\$ _____

**DUES DEADLINE**  
**June 30, 2025**

**Dues received after the deadline may not be included on the 2025 Roster.**

**Your new roster will be emailed in August 2025.**

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

