National Shiba Club of America Inc.

Membership Application

Please print in ink or type.

Full Name(s): _____ _____
Applicant #1 Applicant #2

Name of Junior (minor): _____ Junior's Birth Month & Year: _____

Address: _____

#1 Telephone #: _____ Email Address: _____ Occupation: _____

#2 Telephone #: _____ Email Address: _____ Occupation: _____

Check which type of membership you are applying for:

Single $30.00 ◯ Household $45.00 ◯ Junior - Gratis ◯ Associate - US $25.00 ◯

Associate - Canadian/Mexican $35.00 ◯ Associate - Outside of North America $50.00 ◯

For applications accepted after June 1st, dues shall be 1/2 of the stated amounts.

List all dog clubs and organizations with which you are, or have been affiliated:

Name of Club/Organization	Position Held

Check all that apply for all applicants: Dog Owner: ☐ Breeder: ☐ Exhibitor: ☐ Judge: ☐

Companion Events (Agility, Obedience, and Tracking): _____ Rescue: _____

List breed/breeds of dogs owned, bred or shown (give some detail): _____

_____

Have you ever been suspended by the American Kennel Club? (If yes, please explain.) _____

_____

Have you ever been denied membership in or been suspended by any breed clubs? (If yes, please explain.) _____

_____

Why do you want to become a member of the National Shiba Club of America Inc.? _____

_____

Are you willing to serve on a committee? _____ If so, please indicate your preferences from the committee listed below:

☐ AKC Gazette	☐ Data Base	☐ Illustrated Standard	☐ Public Education
☐ Awards	☐ E-News Magazine	☐ Judge Selection	☐ Regional Club
☐ Breeder Directory & Education Program	☐ Equipment	☐ Judges Education	☐ Standing Rules
☐ Club Historian	☐ Futurity & Maturity	☐ Legislative Liaison	☐ Ways & Means
☐ Companion Events	☐ Health	☐ National Specialty Resource	☐ Website

For Endorsers: The NSCA Board asks you take your endorsement seriously. Please respond to the following question: How long and under what circumstances have you known the applicant(s)?

Endorser #1: _____

_____

_____

_____

_____

_____ _____ _____

Endorser #1 Signature | Print Name | Date

Endorser #2: _____

_____

_____

_____

_____

_____ _____ _____

Endorser #2 Signature | Print Name | Date

I/We have read the enclosed National Shiba Club of America Inc.'s *Constitution and By-Laws* and *Code of Ethics* and agree to abide by those documents as a member of NSCA. I/We agree that any statements submitted in regard to this application become the property of the National Shiba Club of America Inc. I/We attest that the above statements are true and accurate and that I/we agree to the terms in the Rules for Applying for Membership.

_____ _____ _____

Applicant #1 Signature | Print Name | Date

_____ _____ _____

Applicant #2 Signature | Print Name | Date

Send application and payment to:

Phil Scala
NSCA Membership Chair
836 Constitution Dr.
Brick, New Jersey 08724

For Official Use Only

_____ _____ _____ _____ _____

Received Date | Published Date | Elected/Rejected Date | Notified Date | Email Auth. Form