



National Shiba Club of America Inc. Membership Application

Please print in ink or type

Full Name (s) _____
Applicant #1 Applicant #2 (Household Only)

Address: _____

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

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

Check which type of membership you are applying for; each type requires a separate form.

Individual \$30 _____ Household \$45 _____

Foreign Canadian/Mexican \$40 _____ Foreign Outside of North America \$55 _____

Junior (Free) _____ Junior's Age: _____ Junior's Birth Month/Year: _____

Parental consent to have the Junior's name listed on the NSCA Membership Roster? Yes _____ No _____

Name of Parent: _____ Signature of Parent: _____

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:

<u>Name of Club/Organization</u>	<u>Position Held</u>

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, or anyone in your household, ever been suspended by the American Kennel Club? No. _____ If yes, please explain: _____

Have you, or anyone in your household ever been suspended or denied membership by any dog-related club? No. _____ 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:

- | | | | |
|---|---------------------------|--------------------------|----------------------|
| _____ Awards | _____ E-News Magazine | _____ Judge Selection | _____ Standing Rules |
| _____ Breeder Directory & Education Program | _____ Futurity & Maturity | _____ Judges Education | _____ Sunshine |
| _____ Companion Events | _____ Health | _____ National Specialty | _____ Ways & Means |
| | _____ Historian | _____ Public Education | _____ Website |

NSCA Member Endorsements

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)? NOTE: If either endorsement date is over six months old, this application will be returned for resubmission with current endorsements/dates.

Endorser #1: _____

_____ Endorser #1 Signature _____ Print Name _____ Date

Endorser #2: _____

_____ Endorser #2 Signature _____ Print Name _____ Date

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

_____ Applicant #1 Signature _____ Print Name _____ Date

_____ Applicant #2 Signature (Household Only) _____ Print Name _____ Date

Send application to membership via email: membership@shibas.org

Or send application and payment via postal mail to: **Judith Williamson, Membership Chair**
10866 N.E. Bill Point Drive
Bainbridge Island, WA 98110

Membership Cost \$ _____

\$20.00 Optional Paper Mail Communication \$ _____

[There is no charge for electronic communication via the NSCA Announcement List.]

Total Amount Enclosed: \$ _____

Checks are to be made payable to: *National Shiba Club of America Inc.*

Paypal Payment to Dues@shibas.org

Date Submitted: _____

For Official Use Only

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

