



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: **Lori Pendergast, NSCA Corresponding Secretary**
P. O. Box 1417
Dodge City, KS 67801

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

Authorization – Use of Email

The National Shiba Club of America Inc. has adopted email communication, unless otherwise defined in the C&BL, as a method of notification for club meetings and other club notices which may include but are not limited to dues notices or reminders, judge selection, minutes, newsletters and surveys. This is to comply with AKC Club Relations Policy:

http://www.akc.org/pdfs/clubs/club_policies/ALL_CLUB_EMAIL_NOTIFICATION_Policy-Jan_2006.pdf

All members are required to sign this authorization to activate email communication, to elect to receive only hard copy notifications via the US Postal Service [**\$20.00 surcharge**], or to choose not receive any notifications. Such authorization is revocable. The Club is released from any liability should notifications be received late or not received by a member or board member due to circumstances beyond the Club’s control.

Applicant #1 Email
 Authorization: Address: _____

- ____ I will accept notifications by email.
- ____ I do not wish to receive notifications; exceptions may apply at the discretion of the Board.
- ____ I wish to receive notifications by U.S. Mail at the address below. **Note:** \$20.00 fee applies.

Street Address	City & State	Zip Code
<i>Applicant #1 Signature</i>	Print Name	Date

Applicant #2 Email
 Authorization: Address: _____

- ____ I will accept notifications by email.
- ____ I do not wish to receive notifications; exceptions may apply at the discretion of the Board.
- ____ I wish to receive notifications by U.S. Mail at the address below. **Note:** \$20.00 fee applies.

Street Address	City & State	Zip Code
<i>Applicant #2 Signature</i>	Print Name	Date