



National Shiba Club of America, Inc. Application for Regional Member Club

<http://www.shibas.org/docs/RegionalClubHandbook.pdf>

Club Name _____

Geographic Center & Area Served _____

Secretary's Name _____ E-Mail _____

Mailing Address _____

Phone _____ Club Website _____

Current Number of Members _____ Current Number of NSCA Members _____ Year Club was Formed _____

Is Club Incorporated? _____ State of Incorporation _____ Is Club AKC accredited? _____ Is Club AKC licensed? _____

Date Approved _____ If club is not AKC accredited and/or licensed, does it plan to obtain these? _____

Club Interest or Focus - Please check each item that applies:

Conformation _____ Obedience _____ Agility _____ Breed Education _____

Briefly describe the Club's reasons for seeking NSCA membership:

General Information:

Has this club ever been suspended from the privileges of the American Kennel Club? Yes _____ No _____

If yes, when and why? _____

Has this club ever been a NSCA Regional Member Club before? Yes _____ No _____ If yes, what year(s) _____

Has this club ever been suspended from NSCA membership? Yes _____ No _____

If yes, when and why? _____

We hereby apply for membership in the National Shiba Club of America and, if accepted, agree to abide by its Constitution, By-Laws, and Code of Ethics. We also agree to accept the AKC Breed Standard as written. **We have enclosed our club's constitution, By-Laws, Code of Ethics, and current club membership roster showing the Board of Directors and names of our members with the city and state of residence.**

Applicant Signature (Club President) _____

Print Name _____

Date _____

- 1. Club Membership roster, C&BL, and Code of Ethics (check if enclosed) _____
 - 2. \$30 Club Membership Dues _____
 - 3. \$20 for optional paper mail communication _____
- (there is no additional charge for electronic communication)

Total: _____

-Check payable to National Shiba Club of America, or
-payment submitted via Paypal to Dues@shibas.org (date submitted) _____

Return to:
Via e-mail:
Membership@shibas.org

Via postal mail to:
Lisa Shery
NSCA Membership Chair
3211 S. Barrington Ave, Apt. A
Los Angeles, CA 90066

For Official Use Only:

Received Date _____

Published Date _____

Elected/Rejected Date _____

Notified Date _____

E-Mail Auth Form _____